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# ALBANY

# MEDICAL ANNALS

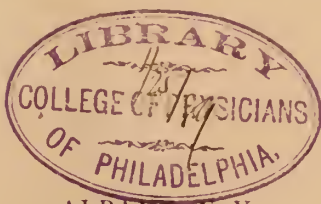
PUBLISHED MONTHLY BY THE

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VOLUME IX., 1888.

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ALBANY, N. Y.:  
BURDICK & TAYLOR, PRINTERS,  
481 BROADWAY.



# ALBANY MEDICAL ANNALS.

VOL. IX.

JANUARY, 1888.

No. 1.

## FOUR CASES OF SURGICAL LESION OF THE KIDNEY.\*

- I. PISTOL WOUND OF KIDNEY.
- II. STONE IN PELVIS OF THE KIDNEY.
- III. EXPLORATION OF KIDNEY FOR SUPPOSED ABSCESS.
- IV. REMOVAL OF KIDNEY FOR LARGE CYST.

By A. VANDER VEER, M.D., ALBANY, N. Y.,

PROFESSOR OF SURGERY AND CLINICAL SURGERY, ALBANY MEDICAL COLLEGE.

The subject of operations upon the kidneys, together with all that pertains to abdominal surgery, has received such earnest attention, and the results of operative surgery have been so encouraging of late, that I have thought it well to present the following cases for discussion, and that they may go upon record as part of the history of such work. They present a variety somewhat interesting and instructive.

CASE I.—Mr. A. B., æt. 26. Unmarried. Man of good habits. He received a pistol wound of the left kidney (supposed to be thirty-two calibre) August, 1873, in a riot occurring at one of the foundries in Troy, N. Y. He was seen soon after the receipt of the wound by Drs. McLean and Schuyler, who made the diagnosis at once, and, as he lived in Albany and was anxious to return home, they believed it would be safe for him to make the journey, and advised him to do so.

I saw him about ten hours after the wound had been received, and found him

suffering still from shock, with a bullet wound about three inches above the crest of the ilium, and an inch and a half to the left of the spine, where the ball had entered. The probe took a direction backward and downward, and then no attempt was made to pass it further. He had a frequent desire to urinate, and was passing urine colored with bright red blood, but which did not clot on standing. No urine escaped through the wound. The bullet was supposed to have lodged somewhere in the connective tissue surrounding the kidney, and between that and the spine, but its positive location could not be made out. He was given the fluid extract of ergot internally, fifteen minim doses every three hours. Anodynes sufficient to afford rest, and the left side of the body covered with a hot pack, and absolute rest insisted upon. Bowels moved by injection thirty-six hours after receipt of the injury, with no evidence of any lesion existing there.

He continued to pass blood in his urine for a period of nearly four days, when

\* Read before the Medical Society of the County of Albany, November 30, 1887.

it ceased, and from that time on, he made an uninterrupted recovery, without any unpleasant complications.

I examined his urine about six months after the receipt of the injury, and could discover no organic lesion of the kidneys. I saw him occasionally for the next two or three years, and to all appearances he seemed in excellent health.

CASE II.—This is a case that I gave much study to, but, as the history will show, I was not able to carry out my convictions in regard to the proper treatment of the case until it was too late.

Mr. P. K., æt. 65. Married to a wife much younger than himself. By occupation a salesman in a cattle yard. An active energetic man whom I attended during a greater portion of the year 1877, with all the symptoms of abscess in the right kidney, but who ultimately recovered under the pretty continuous use of chlorate of potash, tincture of iron, and the drinking of Bethesda water.

He remained in most excellent health up to February, 1884, when he complained of much pain in the right lumbar region, and had a return of many of his old symptoms, with a discharge of pus in the urine. I suspected a return of his former malady, and after treating him for nearly six months, without any more than temporary relief from time to time, I suggested to him an exploration of the kidney, which he approved of, but which was most obstinately opposed by his wife. He continued much the same for another year nearly, improving at times, and then again much suffering, losing in weight. He was ready at any moment for the operation, but his wife would not consent.

In the fall of 1885, he was in so much pain in the left lumbar region, and there being some evidence of fullness at that

point, I advised him to apply a flaxseed poultice there, to keep as quiet as possible, and to continue a good tonic course of treatment internally. He went into the country for a few months, continued the treatment, and in February, 1886, an abscess opened about midway between the ribs and the crest of the ilium, about three inches from the spine, and which discharged very freely. On his return home in April, I found him somewhat improved in flesh, free from pain, urine contained some pus, but not nearly as much as it had previously, and on passing a probe through the sinus left by the abscess, it came in contact with what seemed to be necrosis of the spinous process of the vertebræ, or stone in the kidney. But his wife believed he was improving sufficiently so that she would rather not have any operation done. He was able now to attend to business for some two months, and was comfortable and in very good condition.

In May his symptoms grew worse; he lost flesh rapidly, and while he was anxious to have the operation done, yet the reluctance on the part of his wife and friends, together with his feeble condition, deterred me from making a somewhat further exploration.

However, on the 15th of June I had determined to go on with the operation, as he was now suffering very much from local pains about the right lumbar region. Unfortunately, on the 16th, he received a severe fall, which produced a traumatic pleurisy of the right side, and his illness was so severe that he did not rally at any time sufficient to admit of an operation, and died July 2, 1886.

*Autopsy*, July 4, 1886. Body was much emaciated. The right pleural cavity contained nearly a quart of pus, with some plastic pleurisy. An abscess was



found underneath the liver, behind and connecting with the right kidney, which was very much shrivelled, and extensively adherent to all the surrounding tissues.

In the remains of the pelvis of the right kidney was found this phosphatic stone weighing one-half ounce, which I here present to you. The ureter was very much dilated in some places, and in others nearly closed. The old sinus communicated with the pelvis of the kidney, and the probe had evidently touched the stone. The left kidney was enlarged, but apparently healthy.

This would have been a most excellent case for early exploration, and it is among my regrets that I was not permitted to and did not do the operation at a time when it might have saved or at least made his life very much more comfortable.

**CASE III.**—This case presents one of the most remarkable histories and the greatest degree of courage that I have ever seen exhibited in any one person.

Mr. G. H. C. Married and has several children. Occupation, farmer. Residence, Grant, N. Y. Admitted to Albany Hospital, October, 1886, and again on February 15, 1887. Family history free from any diathesis.

Previous history of patient: When 18 years old, while jumping in the snow, he struck a piece of wood, bruising the perineum, but producing no wound. Twenty years later he was thrown from a wagon, striking upon his head. This accident confined him in bed for three weeks.

Eight years later patient began to suffer from constant pain in the back. Pain is described as constant, tearing, burning; also has a feeling of weight over bladder and in perineum. The first urine voided is frequently of a creamy consistence;

later, normal. Examination of urine shows a trace of albumen, abundance of pus, but no casts. No frequent desire to urinate, no marked symptoms of cystitis nor stone. Was carefully sounded several times by myself.

The first operation was done October, 1886, by making an exploration in the perineum to the left of the median line, and extending back toward the neck of the bladder, midway between the rectum and tuberosity of the ischium at a point where the patient felt certain the parts were swollen at times, and from which the pus came. I made as deep a dissection as seemed safe and proper, but failed to discover any pocket of pus.

From this operation the patient made a good recovery, and later on returned to his home, feeling somewhat encouraged, but insisting upon another operation later on, and if necessary to open the left kidney, where he at times complained of much pain.

When admitted the second time to hospital, he was carefully examined, symptoms and condition being about the same, but was sent home for a time to improve in general health before an operation.

Was readmitted to hospital April 19, 1887, and on the 20th, in view of symptoms, together with tenderness and apparent increase of area of dullness over left kidney, an exploration was made. The kidney was cut down upon (see photograph), and found normal in appearance. The finest needle of the aspirator was introduced into the substance of the kidney in various directions, and nothing found. Wound was flushed with mercuric chloride (1-2000), vessels ligated with catgut, drainage introduced, and closed with interrupted sutures of catgut. Wound healed by first intention. No

serious symptoms from operation were observed. Patient left the hospital May 9, 1887, improved somewhat in mind at least. Probable source of the pus was from an abscess about the base of the bladder.

Was again admitted to hospital October 8, 1887, his condition same as when last discharged May 9, 1887. After hypodermic injection of cocaine, patient was put in lithotomy position, and median incision made upon staff. No abscess could be found about base of bladder within, which was carefully examined by my finger introduced. Drainage was employed and hot dressings applied. After operation patient had three chills and considerable rise of temperature, but made a good recovery.

Left hospital November 5, 1887. Perineal wound nearly healed. Urine passed through urethra after third day.

Insists upon having one more operation, as he states he must get relief. My impression is that the abscess is situated in the vesiculæ seminales, and that an operation through the dilated rectum may reach it. November 26, came to the hospital looking well, but still has much pus in his urine. Passing urine six or seven times in twenty-four hours.

CASE IV.—Miss B. D. B., æt. 20; single; native of Ireland; occupation, domestic. Admitted to Albany Hospital September 17, 1887. Residence, Ballston, N. Y.

Family history: no diathesis could be determined. Whole family were remarkable for robust constitutions and longevity. History derived from patient: Had always been well and strong. First menstruated at 15, scanty, painless, but regular. First noticed an enlargement of the abdomen five years ago. States that tumor commenced in middle

of abdomen, and was hard. Three years later the tumor had grown very much, and was tapped five times at frequent intervals, and a large quantity of dark, frothy fluid drawn each time. After last tapping, sac did not refill until the spring of 1887, when she began to enlarge rapidly. When first ill, she suffered from amenorrhœa for a year, since which she has been regular. Since tumor appeared the patient has passed but little urine, and during the summer had a complete suppression for three days.

Operation, October 3, 1887. The patient was removed to a private room, previously thoroughly cleansed, and the abdomen opened by Dr. Vander Veer, assisted by Drs. Boyd, Townsend, Hoadly and McDonald, Dr. Grant-Bey, of Egypt, and others, being present.

The cyst was exposed, found adherent, but tapped in the ordinary way, and five quarts of clear fluid withdrawn. It had been diagnosed as ovarian. The process of enucleation was very tedious, a large number of ligatures were introduced, and when working for the pedicle the right kidney was reached, and the cyst's origin made out. The pelvis of the kidney, together with the vessels, were included by a single ligature (the Tait knot), the kidney and cyst removed, and the pedicle, which was made up of renal vessels and very large, was returned to the abdomen. The pelvic organs were bound down by adhesions, but otherwise were healthy. No great oozing from the adhesions took place. The abdomen was closed by nine deep sutures and dressed by iodoform strips and Gamgee pads. Time of operation, one hour and forty minutes.

Patient reacted nicely from the operation, but complained of some little pain. At 6.20 P. M. voided ten ounces of urine,

and slept two and three-quarters hours in the afternoon. During the night slept five and a half hours without anodyne. On the evening of the second day there was some rise of temperature and quickened pulse. Was given one minim of tincture of aconite every hour, which was continued for thirty-six hours. On third day patient complained of little tenderness on right side of abdomen. Bowels were moved by enema. Wound dressed. There was little staining of the dressing. Patient was able to pass gas freely during whole illness. Ice-bag was used a few days to combat slight rise of temperature. The turpentine enema to move bowels was necessary. On the evening of the sixth day the temperature rose to  $101^{\circ}$  F., probably due to irritation produced by the removal of the deep sutures. Once, on the fifth day after the operation, a single evacuation of urine contained albumen and pus, after which it was free. A careful estimation of the urine voided daily for two weeks showed an average of twenty-one ounces per day. The quantitative estimation of urea showed an average excretion of 300 grains per day.

After she was transferred to the ward, she did not do so well for a few days. Later, under the use of tonics, did well, rapidly gaining in strength and flesh.

Her urine has been examined several times since and found normal, the daily excretion being about twenty-four ounces.

The fluid drawn from the cyst was dark, specific gravity 1010; neutral in reaction; contained albumen, also par albumen; abundant chlorides; no apparent amount of bile pigment; no cholesterin; urea approximately two per cent. Microscopically, nothing was determined.

Subsequent to the operation, after diligent inquiry, it was found that the case

had been previously treated by Dr. Lyman Rogers, of Bennington, Vt.

The following are extracts from a letter received from the doctor in response to inquiries made by myself:

The doctor says: "Miss B. D. B. was brought to my office some time in September, 1885, for examination. I found a large tumor in the abdomen. It evidently had its origin on the right side, in the vicinity of the liver, and extended down to a point on a line with the crest of the ilium, and across to the left side of the abdomen, some distance beyond the median line. The outlines of the tumor could be distinctly felt, particularly at the lower portion. I could feel the rounded form of the tumor so plainly that I thought it could not be ovarian, and the history that the attending physician and the patient gave me showed that it had grown from above downward. I first thought that it was an enlarged liver, but after further examination satisfied myself that fluctuation existed. I thrust a hypodermic needle into the tumor, and brought out a syringe full of clear, colorless fluid. Two days later I saw the patient at her own home, when, upon examination, the tumor seemed less well defined. However, the needle of the aspirator was plunged into the tumor and the fluid drawn off. Some three or four weeks later I was called to see her again, and found that the tumor had reappeared, of about the same size as before. I aspirated again, and drew off about five quarts of clear serum. I think it was aspirated three or four times subsequently, at intervals of four weeks, when the tumor ceased to grow, and the patient regained her usual strength and vigor.

"I saw her, I think, about six months afterwards in apparent good health. She showed no evidence of tumor.



"I learned subsequently that she had become insane and had been sent to an asylum, since which I had heard nothing of her until I received your letter.

"I regarded the tumor as a cystic growth, but from what organ it had its origin I had no positive opinion, except that it could not be ovarian or a parovarian cyst."

The first case illustrates the class of cases that, under the recent method of treating surgical lesions of the kidneys, in case of the continuance of the hemorrhage, would have justified a thorough exploration.

In a recent valuable paper, as a contribution on this subject, entitled, "Injuries of, and Operations upon, the Kidneys," by Edward O. Otis, M.D., of Boston, published in the *Boston Medical and Surgical Journal*, October, 1887, he states that in the seventy-eight cases reported in the "Medical and Surgical History of the War," twenty-six recovered. Nephrectomy, or nephrotomy, was not done in any case. Probably more cases would have been saved if there had been.

Mr. Morris, probably the best authority we now have in relation to operations upon the kidneys, states that if life be threatened by hemorrhage or suppuration, the kidneys ought to be removed by lumbar nephrectomy.

Nephrectomy is an operation which seems to be growing in favor very much at present, and as to the manner of removing the kidney, there can be no doubt that when it is possible in case of wounds, etc., to reach the organ by the lumbar incision, it is decidedly the safest. Thereby the peritoneum is avoided, and no doubt most surgeons prefer this method. When the case is one of hydro-nephrosis, and is not curable otherwise, when the operation becomes necessary, the abdomi-

nal section, by reason of the freedom that it affords, undoubtedly is the best method.

Regarding the second case, I shall ever regret not having done the operation of nephrotomy early, and but for the opposition of friends, would unquestionably have done so, and it would have been one of the successful cases, I believe.

Mr. Morris has placed before us the little risk attending, and the great good that often results from, an exploration of the kidney, so that I look upon the procedure in Case III. as one that was justified, and illustrates the good work of antiseptic surgery and the easy manner in which we can approach organs that were a few years ago considered beyond our reach.

As regards Case IV., could we have obtained from her the history that was given us by Dr. Rogers later on, I cannot think that there would have been any possibility of our having been led astray in an early and prompt diagnosis. As it was, our patient has made a good recovery, and one has but to consult the *London Lancet*, the *British Medical Journal*, and our own American medical journals, to find in them similar cases reported within the past year. That the patient made so excellent a recovery I believe is largely due to the improved method of doing this operation at the present time.

#### DISCUSSION.

[REPORTED BY T. F. C. VAN ALLEN, M.D., SECRETARY.]

Dr. MAURICE J. LEWIS: In the last case, if a doubt existed whether it was a renal or some other form of cyst, would it not have been justifiable to have made an artificial opening?

Dr. VANDER VEER: This has been done, but no great success has attended it.

Dr. LEWIS: Would it not have settled the diagnosis?

Dr. VANDER VEER: It possibly might, by the examination of the fluid discharged. But it is not now considered justifiable to tap an ovarian cyst, as it may produce peritonitis and more or



less adhesions, interfering with future operations.

President FRANKLIN TOWNSEND: Is it not as justifiable to tap an ovarian cyst as a renal?

Dr. VANDER VEER remarked that the case under discussion certainly did show a great amount of adhesion.

Pres. TOWNSEND opposed tapping any abdominal cyst.

Dr. S. A. RUSSELL spoke of an instrument for catheterization of the ureter. Perhaps the use of this might have cleared up the diagnosis.

Pres. TOWNSEND thought it probable that the pelvic inflammation had involved and closed the ureter so that this could not have been done.

Dr. RUSSELL called attention to the fact that Dr. Rogers, in his letter relating to the early history of the case, speaks of the fluid withdrawn by tapping as being clear and like serum.

Dr. S. B. WARD: In a case like this, where all kidney structure was probably gone (Dr. Vander Veer states there was but a very little left), could not the fluid be so similar to ovarian cystic fluid that no distinguishing difference could be found?

Pres. TOWNSEND: The urea contained in it would tell.

Dr. WARD: It is probable there was no appreciable quantity of urea present, if there was so little kidney structure left.

Dr. VANDER VEER: There is one point that can be relied upon in a differential diagnosis based upon examination of the fluid, but it was not always present, by any means; that is, the presence of cholesterin, which would prove it to be ovarian.

Dr. VANDER VEER, in reply to Dr. Russell's question, said he had once used the instrument which was loaned him by Dr. Russell, and thought he had got it in the ureter; at least it went somewhere in that direction, but upon operation in the case under discussion, the ureter was found closed. No man in the world does better abdominal surgery than Tait; in spite of all that may be said by his enemies, his statistics prove what he is doing. Tait does not believe in tapping. It seems better to go on and remove the cysts in these cases.

Dr. S. B. WARD moved that the thanks of the society be tendered Dr. Vander Veer for his interesting and excellent paper. Carried.

## RELATIONS OF PHYSICIANS TO THE BOARD OF HEALTH AND HEALTH LAWS.\*

By LEWIS BALCH, M.D., ALBANY, N. Y.,

SECRETARY OF STATE BOARD OF HEALTH OF NEW YORK; PROFESSOR OF ANATOMY, ALBANY MEDICAL COLLEGE.

Owing to a seeming misunderstanding that prevails to a certain extent among physicians as to the meaning and intent of regulations issued by the Board of Health, I have considered that some explanations of the objects sought by the Board, and of the duties required under the law of it and of physicians, might be of use to the profession and aid in a more complete and easy working of the rules of the Board.

In chapter 297, Laws of 1885, entitled "An act for the preservation of the public health and the registration of vital statistics in the city of Albany," subdivision 3, section 2, states as one of the duties of the Board: "To guard against

the introduction of contagious and infectious disease, by the exercise of proper and vigilant medical inspection and control of all persons and things arriving in said city from infected places, or which, for any cause, are liable to communicate contagion; to require the isolation of all persons or things infected with or exposed to contagious or infectious disease, and to provide suitable places for the reception of the same; to prohibit and to prevent all intercourse and communication with or use of infected premises, places and things; and to require, and, if necessary, to provide the means for thorough purification and cleansing of the same before general intercourse therewith,

\* Read before the Medical Society of the County of Albany, Wednesday evening, November 2, 1887.

or use thereof, shall be allowed. To provide at stated intervals a suitable supply of vaccine virus; and during the existence of an actual epidemic of small-pox, said local Board of Health shall obtain fresh supplies of said virus at intervals not exceeding one week, and shall at all times provide thorough and safe vaccination for all persons within its jurisdiction who may need the same."

It will be noticed that by this section the Board is charged with the full protection of the public health, so far as the question of contagious and infectious diseases is concerned. But unless aid is given the Board by those who are supposed to have the health of the community in their charge, and who are as desirous of preventing disease as they are of attending those suffering from it—the physicians of the city—it is an impossible task for the Board to have knowledge of every case of contagious disease, or to take such precautions against its spread as may be thought most efficacious. Some doctor is called to attend nearly every case of contagious disease that appears. Therefore, the Board has passed an ordinance requiring physicians to notify the health officer when any case of such nature may come under their notice. The ordinance is equally binding upon parents or guardians, but the Board takes for granted that medical men have as great, if not greater, interest than any others in preventing an epidemic, besides being by education qualified to pronounce upon whether a case may or may not be contagious.

I regret to say that this ordinance is but poorly lived up to by the majority of physicians. They act as if it were something of the least importance, and when they think of reporting, well and good; but if it goes by for some little time, and

the case gets well or dies, why, it is no matter in the first, and the death return reports the case in the second. One physician argued that it was all nonsense, that he could quarantine a case as well as well as the health officer and knew as much about such work. Another objected on the ground that he was not going to "give away where his practice was;" another, that no compensation was allowed for such arduous labor as the sending of a note or postal to say a case of contagious disease existed in such and such a quarter of the town. Many more objections of a like trivial character are argued. But all alike are puerile and senseless. That the medical men of Albany all understand as well as the health officer how to quarantine, fumigate, and take all proper and needed precautions for the protection of the public health, is not for a moment disputed. But the law confers upon the health officer the power, through the directions of the Board, to impose a quarantine which, if broken, can be punished by fine. The quarantine directed by order, therefore, of the official becomes of more force than one imposed by the attending physician, whose orders may be broken without the risk of penalty. Serious harm may be done by a late report. Last Friday a case died of malignant scarlet fever. As soon as I heard of it a private funeral was ordered and measures taken to disinfect. Yesterday another was reported, and to-day the patient is dead. Investigation proved that this second one had visited the first and there contracted the disease. Had the first been early reported to the office and proper quarantine observed, the second would probably have not occurred.

It is objected that even if cases are reported, nothing is done by the health

authorities. It has been the custom where well-known doctors report cases, and state they have taken all precautions, that they will fumigate and disinfect, to allow them to conduct the case without a visitation from the health office. All physicians to whom I have spoken on the subject will, I think, remember that it has always been said that if they needed the official dictum of the Health Board to enforce their order, or if they wished the premises fumigated, they have but to notify the office and all aid will be extended them that lies in the power of the Board.

Finding, however, that this action of the health officer has been misunderstood, orders have been issued that all cases reported are to be visited by an inspector and the general rules of the Board explained. As regards fumigation, if physicians prefer to do it themselves, they will have to, hereafter, notify the health office of the fact; otherwise the inspectors will fumigate in every case where it has come to the office that a patient has recovered or dies of contagious disease.

In answer to the objection that the service of reporting these cases should be paid for, I would say that we are all required to do many things by law for the doing of which the law provides no compensation. This objection could have no weight as a defense supposing a physician to be fined by the Board for neglecting his duty.

The section of the sanitary code requiring these reports has been twice distributed about the city to doctors, printed on postal cards. Full care has, therefore, been taken to give publicity to this regulation, for, in addition to the cards, it has been published in the daily papers. Ignorance of the law is no excuse in law, and to plead ignorance of the section

calling for reports of contagious diseases, after all these efforts made to call the attention of physicians to the rule, is a plea that cannot be received by the Board.

But what are the contagious diseases that must be reported? Small-pox, chicken-pox, measles, typhus fever, scarlet fever, diphtheria and cholera.

Cholera is not contagious from the person, but, owing to its virulence and highly infectious character, it is put upon the list.

Chicken-pox is also called for. There is but little, if any, danger even from an epidemic of this disease, but it is so like the outbreaking of small-pox, and is apt to prevail at the same time as small-pox, that every precaution must be taken to prevent the accidental confusing of the two diseases. During the prevalence of small-pox three winters ago, much excitement was caused by a sensational report published in one of the papers that the health officer was neglecting his duty, and that the public were exposed to an epidemic of small-pox, as one of the employees in a large dry goods house was permitted to attend his business, while at home his child lay ill with variola. The doctor who was in charge of the case had reported it as chicken-pox, and I had upon careful examination confirmed his diagnosis, before the reporter startled the town by his flaming head-lines.

Measles, on account of similarity to small-pox, as well as because it may have serious results, is listed.

Typhus fever, for its own danger. Scarlet fever and diphtheria, because, being highly contagious, at the same time they are highly virulent.

The Board will shortly issue postal sheets to physicians, printed in form and



with printed directions, to simplify and facilitate reporting contagious diseases. This will save the expense of postal to doctors, but after they have been distributed the resolution of the Board directing the health officer to enforce the provisions of the code, fining those not reporting, will have to be rigidly carried out.

Section 5 of the law before quoted puts upon the Board as one of its duties the registration of vital statistics, as the registration of births, marriages and deaths. The code requires those attending professionally at a birth or death to fill out the certificate of such birth or death, and undertakers are required to obtain a permit to bury before they can inter a body.

The law reads: "Any person neglecting or refusing to make out or file for registration any record aforesaid (referring to births, deaths and marriages), or as provided for by the ordinances of the said Board of Health, and any person causing, permitting or assisting in the burial or removal of any dead body, unaccompanied by a permit for such burial or removal, and any officer who shall neglect or refuse to register and preserve the said records shall be deemed guilty of a misdemeanor, and may be prosecuted in any court of competent jurisdiction."

The ordinances require that return of births shall be made in three days. This time will, by resolution of the Board, be lengthened to a week. Some physicians now are in the habit of waiting until their birth returns make a goodly number, and then sending them to the office, either not thinking or not caring whether they obey the order of the Board or put the registrar to extra trouble by delayed returns.

Undertakers complain that physicians do not fill out death returns when they

are presented, but make them call two or three times before they can get the certificate. This is hard upon the undertakers, who cannot move a body before a permit is issued, and cannot get a permit unless upon the return of a death. Owing to this delay on the part of physicians, undertakers frequently violate the ordinance which requires them to obtain a permit twenty-four hours before the funeral.

And the filling out of the death certificate is a matter to which your attention is asked. The cause, or probable cause, of death must be stated.

Will any doctor here please tell me what is a "natural cause of death?" Many certificates are brought bearing that as the cause of death. Permits to bury will be refused upon such certificate, on the ground that the certificate is not filled out as required by law, and does not state the cause or probable cause of death. If by a natural cause is meant heart disease, typhoid pneumonia, asthenia, old age, or what not, let that be stated, and not the absurd ambiguity of "natural causes."

The registration of vital statistics is an important matter. Copies are constantly asked for—how often can only be known by one conversant with the work. Proof of death may be wanted for insurance, claiming pension, establishing the fact of the death at a certain time. Unless physicians make returns, the records cannot be kept with that exactness expected and called for by the law.

The Board will do every thing in its power to protect the public health, but it calls for, and is certainly entitled to, the cheerful aid of all physicians practicing within the limits of its jurisdiction. Not alone in the reporting of contagious or infectious disease is this aid looked



for, but in reporting unsanitary conditions that are or may become a menace and danger to life and health. While the officers of the Board try to watch over the public health, and do all they can to render places and localities more healthy, it is a physical impossibility for them to know every place needing attention, and physicians can be of material help in adding to the health of our city by sustaining the efforts of the Board and strengthening its hands.

#### DISCUSSION.

[REPORTED BY T. F. C. VAN ALLEN, M.D., SECRETARY.]

Dr. R. D. CLARK asked how long a time might elapse before a report was handed in.

Dr. BALCH: Just as soon as the diagnosis is made. Don't wait until the patient is dead, or the disease has been in progress three or four days and the neighborhood is infected, before reporting the case.

Dr. CLARK intended to inquire whether the law stated any particular time within which the physician must report.

Dr. BALCH: The law mentions no limit, but supposes the physician will know enough to report as soon as he is aware of the existence of contagious disease. A recent case of malignant scarlet fever that was not reported had resulted in the death of another person. This would probably have been avoided if the Board had been notified of the first case.

Dr. D. H. COOK asked if Dr. Balch stated that the malignant case had been reported.

Dr. BALCH: No, it was not reported, but learned by the Board of Health after the death of patient.

Dr. COOK stated that no attention had been paid to his reports.

Dr. BALCH said that heretofore when cases have been reported by well-known physicians the Board has allowed the physicians to take care of the cases, but if the physician had stated that he needed their service, it had never been refused. Hereafter an inspector would see every case that was reported; there are only four inspectors; one is required constantly in the office as registrar; the others have to work at various duties—inspecting meat markets, dairy products, etc., besides inspecting the medical cases. When a quarantine is needed, they have to call upon the police to guard the places.

Dr. COOK thought the plan of having the inspectors see every case reported an excellent one. It would have a better effect in causing sanitary precautions to be carried out. Physicians sometimes fail in securing this, for they do not like to seem too severe and offend these families; but with the authority of the inspector to aid them, it will be much easier to carry out proper precautions.

President TOWNSEND remarked that he was pleased that it was arranged that the Board of Health should do the insulting, and not the physician.

Dr. BALCH objected to such a view of the matter.

Dr. A. VANDER VEER mentioned that in cities outside of this it had been tried to strengthen the quarantine by hanging out a card stating that such a disease existed at this house, and inquired if the families object, and if it had any good results.

Dr. BALCH: Families do object, strongly, and say they will be left to starve if it is done. It has been discontinued mostly. He related one instance where such a scheme was used, and had no better effect than to cause what amounted to nearly a panic.

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## CORRESPONDENCE.

### GERMAN SURGERY.

REICHENBERG, BOHEMIA, AUSTRIA.

*My Dear Professor:*

Your last letter found me chief surgeon of the gynæcological clinic. I am beginning to feel as though I was quite a surgeon. A short time ago I did a Pirogoff, with splendid results; have

done very many minor operations, both on men and women. This morning's work consisted of an Emmet's operation; removal of a small cancer from mammary gland, with axillary glands; and scratching out the cavity of the uterus for metritis. This last operation

is the common treatment here. Our teacher here is excellent—far the best we have met. His results are very fine, although he treats the uterus as though it was made from leather or rubber. After using the curette this morning, I washed out the cavity of the uterus with six ounces of pure tincture of iodine. Our teacher lets my friend, Dr. Valle, and myself do all small operations, and is beginning to let us do larger ones. There are now two ovariectomies to make. I expect to make one Tuesday of next week. Should I do the operation, the patient will get well—unless I cut the aorta. They all get well, and with little or no fever. Why this is so, I cannot see, for they use no care.

Now, in regard to new points, I fear it will be hard for me to give *you* any, for you reach so far. I have seen some few operations here that I never saw or heard of at home, nor in any of the books. One by Pawlik, for incontinence of urine in women, consists in removing a triangular strip the whole length of the urethra, and quite deep, on one or both sides. We have a case under treatment here now; have done the operation on one side, and shall do it on the other in a few days. The doctor here had never seen it. Another is by Gertie, the first assistant to Prof. Albert, for amputation at knee-joint. In this operation, the patella is brought to the under surface of the femur, making a round end stump, with all scar behind. Another for strict-

ure of rectum, by opening into descending colon in front (left side) and dilating through. Another for stricture of œsophagus, performed by doing the ordinary gastrotomy and dilating by passing sounds through. Another, and a beauty, is for bunions, done by cutting between the great and second toes (under surface) and removing the second metatarsal bone, sometimes two, then strapping the toe straight. The result is grand.

I have not dwelt long upon any of these operations, for it would not surprise me to learn that you know them all much better than I do. Some of them I have done two or three times, and all once at least.

Should I go to Mr. Tait's, I do not go as a visitor, but as his pupil for three months. I wrote him some time ago. He now only takes three for a term of three or six months; his charges are a hundred dollars per month. The pupils act as assistants in all his operations. He also promises to do all in his power to help those under him to learn, giving them every opportunity he can to operate, treat patients, etc. \* \* \*

My dear doctor, it gives me great pleasure to know that you are interested enough in me to spare me part of your valuable time and advice. I, too, look forward with much pleasure to meeting you again, which I hope will be soon. Thanking you for your many kindnesses, I remain, Very respectfully yours,

J. A. MOORE [A. M. C., '80].

OVARIOTOMY.—In removing a large ovarian tumor recently, Dr. James McF. Gaston, of Atlanta, Ga., tied the pedicle with silk, and then divided the same by means of the Paquelin cautery, which is

probably the first time the operation has been done in this manner. The patient did well. Peritoneum was closed by cat-gut sutures, superficial sutures being of iron-dyed silk.

## ABSTRACTA.

**SALINES IN PERITONITIS FOLLOWING ABDOMINAL SECTION.**—Dr. J. M. Baldy, of Philadelphia, emphasizes the teachings of Tait, in regard to the treatment of incipient peritonitis following section of the abdomen. Providing there has been no spontaneous motion from the bowels at the end of the second day, he administers saline cathartics in small and repeated doses, with most satisfactory results. The patient has invariably been more comfortable after a passage has been secured, and in cases in which a drainage-tube has been left, the discharge has been found to be markedly lessened from the time when the purge began to act. Most gratifying results are obtained in cases where there is persistent bilious vomiting.—*Weekly Med. Review*.

**FLUORINE COMPOUNDS AS ANTISEPTICS.**—In a paper read before the Chemical Section of the British Association at Manchester, Mr. W. Thomson called attention to the remarkable antiseptic properties possessed by some fluorine compounds, especially by the fluorides and fluosilicates of sodium, potassium and ammonium. Of these, he considers the fluosilicate of sodium best suited for a general antiseptic, it being non-poisonous and without odor; moreover, it has only a slightly saline taste, and might, therefore, he suggests, be employed in the preservation of food.

Sodium fluosilicate is soluble in water, to the extent of 0.61 in 100; according to Mr. Thomson, such a saturated solution is not irritating to wounds, whilst it possesses greater antiseptic properties for animal tissues than a 1-in-1000 solution of perchloride of mercury, which could not be ordinarily employed for surgical purposes without producing poisonous effects.—*Pharm. Jour.; Am. Druggist*.

**NIGHT-SWEATS OF PHTHISIS.**—Rebory administers the tricalcic phosphate in one to four drachm doses in night-sweats, and considers it of incontestable utility. It is not toxic, is well borne by the stomach, stimulates nutrition, is remedial in diarrhæal conditions, and can be continued for a long time with benefit to the health.—*Le Moniteur Therap.; Can. Prac.*

**SALT IN DERMAL HYGIENE,** Dr. H. G. Piffard made the subject of a paper before the last American Dermatological Association. An artificial brine made from the common coarse salt of commerce has all the value without the absurdly high price of sea salt. A five per cent. solution, or about ten pounds to twenty-five gallons of water, represents a desirable strength. The water seems to possess a peculiar softness, producing a sensation similar to that of a solution of sal soda. With a temperature of about 95° and an immersion of fifteen or twenty minutes, accompanied by friction, one leaves the bath with a sense of exquisite cleanness, without the harshness of the skin following the use of soap, the skin being very soft and supple. For subacute eczema a weak solution of a pound of salt to the bath often relieves. In subacute eczema, psoriasis, furunculosis, irritable summer rashes, urticaria, various scrofulides and pustular and ulcerative syphilides, a five per cent. solution is not only a source of comfort, but of considerable therapeutic value. Baths may be taken daily. The general health has generally improved with their use. Hot baths were always prescribed.—*Jour. Cut. and Ven. Dis.*

**CONSUMPTION.**—Thos. J. Mays, Philadelphia, reports forty cases which are most remarkably helped. From morning to night the chest is poulticed; flannel is substituted for the poultice at night. The course lasts at least three weeks, and as much longer as is needed. Improvement is seen in from five to eight days. Local and general massage once or twice a day, medicated inhalations under pressure, and gaseous enemata were also used.

**PROF. LUTON,** of Rheims, in a long article, concludes that a cure of tuberculosis can always be effected by means of the phosphate of copper, which, however, must be in the nascent state and soluble in an alkaline body. He thinks he has found a specific in the following formula:

Neutral acetate of copper,	grs. 0.15
Crystallized phosphate of sodium,	" 0.75
Glycerine,	} each a sufficient quantity.
Powdered licorice,	

This for one pill.—*Wk. Med. Review*.



### THE RECURRENT LARYNGEAL NERVES.

—By A. M. Linn, M.D., Des Moines, Iowa. It is a law of nerve distribution that the nerve supplying a group of muscles moving a joint also supplies filament to the joint. A double purpose is served by this wise provision of nature. The force applied to the joint through this muscular contraction is regulated and controlled, and rest is secured to the joint when quiet is necessary to relieve inflammatory conditions.

Another example of the same provision for safety is seen in the securely guarded and somewhat erratic course of the laryngeal nerves. These nerves are distributed to the vocal cords and their muscles, and also to the mucous membranes above and below, thus guarding against the unwarned approach of all foreign substances.

The origin of the recurrent laryngeal is chiefly from the bulbar portion of the spinal accessory nerve. Its deep origin being from the lateral columns of the medulla by five filaments which may be traced to a nucleus of gray matter at the back of the medulla close to the respiratory, vaso-motor and cardo-inhibitory centres.

Nature guards well the most important organs of the body.

The pneumogastric nerves conveyed within the sheath of the carotid artery and cushioned on two sides by the fluids of the carotid artery and the jugular vein are well protected from transmitted force from without.

The recurrent laryngeal, leaving the spinal accessory at the jugular foramen, joins the pneumogastric and travels this safe highway to its destination. Passing below its point of distribution, to make its path as tortuous as possible, it winds around the arch of the aorta on the left hand and behind the subclavian artery on the right to ascend along the trachea to its destination.

The recurrent laryngeal nerves are doubly endowed, containing motor fibres, for the production of phonation, and sentient fibres which supply the mucous membranes of the air passages.

The larynx, however, has a double office to perform. It is not only an organ of phonation, but of respiration also. As such, it should, according to the law of nerve distribution, be related to the nerve

supply of the lungs. The painstaking experiments of Bernard and Bischoff demonstrate, in the laryngeal nerve supply, motor fibres derived from the pneumogastric.

We have here the phenomenon of two nerves controlling the same organ in perfect harmony, but for entirely different purposes.

Some interesting and diagnostic symptoms are revealed when the recurrent laryngeal nerve is injured or is involved by disease of adjacent tissues.

Passing by such well-known considerations as thoracic aneurism and its "brassy cough," we will note briefly only a few of the more obscure affections. The recurrent, having its deep origin in the medulla, in cases of hemorrhage adjacent centres are likely to be involved, and the peripheral symptoms will render the diagnosis comparatively easy.

In amnesic aphasia, Broca's centre and the island of Reil are probably the seat of the lesion. It is the ataxic form which reveals lack of power of coördination of the muscle.

Pressure upon the laryngeal nerves, continued for a time, has excited symptoms so resembling a violent inflammation that tracheotomy has repeatedly been performed on account of mistaken diagnosis. When the spinal accessory is destroyed above the point where the recurrent is given off, the voice at once becomes hoarse and unnatural, or if both nerves are destroyed the voice is entirely lost. Respiration, however is not affected unless the recurrences are severed after leaving the par vagum, when the lax vocal cords fall over the glottis and impede inspiration. The subject will then show great distress on attempting to breathe. Inspiration is long and difficult, but expiration is quick and often noisy. Swallowing will become difficult and slow, owing to the lesion to its nerve supply.

Spasm of the glottis, or cough, asthma, and the convulsive cough of pertussis and the nervous hysterical cough are results of irritation or lesion of the superior laryngeal nerve.

It is a fact worthy of comment that asthma—nervous asthma—may be developed by mental influence operating upon the origin of the vagus. Severe types of asthma are developed by pressure of tumors upon the vagi.



Blood poisoning from such diseases as typhoid fever and diphtheria and reflex irritation from the genito-urinary organs sometimes markedly affect the larynx. Such additional central causes of irritation to the laryngeal nerves as apoplexy, cerebral tumors, hysteria, etc., usually manifest such symptoms as to be readily diagnosed by the physician.

A long array of lesions may affect the peripheral end of the recurrent laryngeal. When the laryngeal irritation persists, despite the affluence of well-selected drugs, it is a wise physician who turns anatomist and pathologist for the time and proceeds to follow the serpentine course of these important nerves to discover in an anatomical lesion the cause of his failure to cure.—*Med. Current.*

**BORACIC ACID AND LEUCORRHOEA.**—Successful results are reported by Dr. N. F. Schwartz (*St. Louis Courier of Medicine*, June, 1887), in the treatment of leucorrhœa, by packing the vagina with boracic acid. Leucorrhœa is an indefinite term, but it probably means in most cases that there is a catarrhal condition of the vagina and endo-cervix, either or both. For these states the standard prescription is injections, or injections combined with local applications of iodine, carbolic acid, etc., to the cervix. The results are generally fairly good when the patient can be persuaded to carry out the treatment faithfully. But American women do not take kindly to the system of elaborate gymnastics necessary for proper douching; consequently leucorrhœas are more often not cured than otherwise. Dr. Harold N. Moyer, who has tried the boracic acid method, states (*Medical Standard*) that the discharges can be stopped with from two to three applications of the acid. He says: "The method advocated by Dr. Schwartz is substantially that followed in suppurating otitis; it was the success of the treatment in this latter affection that led him to apply it to the vaginal cavity. The method recommended, and the one followed by the writer, is first to irrigate the vagina with water as hot as can be borne; then a speculum is introduced, and the walls of the vagina are carefully dried with pledgets of absorbent cotton. Sufficient boracic acid is then poured

through a cylindrical glass speculum to fill and completely distend the vault of the vagina and surround the vaginal portion of the cervix. I greatly prefer the larger crystals, held firmly in place by small tampons of absorbent cotton, supported by a large aseptic wool tampon." Two cases are reported, illustrating the application of this method.

**BORATE OF AMMONIA IN PHTHISIS**, three or four grains three times a day, with codeia or other sedative, diminishes expectoration and fever in first stages of the disease.—*Prof. Lashkevich, Weekly Med. Rev.*

**BORIC ACID.**—For styes, apply a solution of fifteen to thirty grains to the ounce.

For a deodorizer of the person, effectually preventing perspiration odor, apply in solution or as a toilet powder.

**ETHER INHALATION FOR TRISMUS JAW** was tried by a Belgian physician, after chloral and ether per rectum had failed, and the child was in danger of death by asphyxia. Artificial respiration by a tube in the nostril was also employed from time to time. Rigollot's mustard leaves were applied to the chest. The child was laid on its side, as suggested by Marion Sims. In a few hours the child was better. Next day profuse perspiration and convalescence.—*St. Louis Weekly Med. Rev.*

**PERTUSSIS.**—Moncorvo, of Brazil, prefers resorcin as a topical antiseptic, because of its solubility and lack of acidity. He first used a two per cent. solution, but now prefers eight per cent. An application of cocaine to the throat, before the resorcin has had time to kill the germs, lessens the intensity of the cough. This combined treatment will sometimes reduce the course of the disease to five days.—*Weekly Med. Review.*

Dr. G. JOVISSENE avows that he always succeeds in aborting furuncles by inoculations of

Lanolin, - - - 10 grms.

Red oxide of mercury, 10 c'grms.—M.

This to be rubbed in three or four minutes once a day for small for small furuncles, several times for large ones.—*Wk. Medical Review.*

**TREATMENT OF SCIATICA BY REFRIGERATION OF THE SOUND LIMB.**—Some time ago M. Debove announced that he had been able to afford marked relief in a case of obstinate sciatica by means of a spray of chloride of methyl applied along the course of the sciatic nerve in the unaffected member. At a recent meeting of the Société de Biologie (*Le Concours Medical*, August 6, 1887), M. Raymond reported that he had obtained favorable results by a similar method in three cases. He found, however, that the effect was the same even when the spray was directed to any part of the limb, and not necessarily along the course of the sciatic nerve. This would seem to prove that the relief of the pain was due to an impression made upon the spinal centres by refrigeration of the peripheral nerve terminations, rather than to a direct influence exerted upon the trunk of the affected nerve itself, or of its fellows in the opposite limb.—*Med. Age*.

**NEW TREATMENT FOR ECZEMA.**—Dr. Radcliffe Crocker has proposed a new way of treating obstinately recurring eczema, which is well worthy of attention, as it does not interfere with other treatment. The method consists in the application of a counter-irritant, not to the part affected, but to the other parts of the body which have some connection with the nerve centres. The counter-irritant used is an ordinary mustard leaf, but when that is not sufficiently strong a blister is produced with liquor epispasticus. For the face alone the mustard leaf (or blister, as the case may be) is applied behind the ear; for the face and forearms, apply it to the nape, and for the leg the counter-irritant should be applied on the hip over the large sciatic nerve. In most cases this treatment has been followed by removal of the itching, and the relief lasts from one to several nights. The redness and swelling are also relieved.—*Med. Age*.

**TO REMOVE A CINDER FROM THE EYE.**—Dr. R. W. St. Clair, in the *Medical Summary*, tells how to remove a cinder or particle of dust from the eye, and illustrates as follows:

"A few years since, I was riding on the engine of the fast express, from Binghamton to Corning. The engineer, an old schoolmate of mine, threw open the front

window and I caught a cinder that gave me the most excruciating pain. I began to rub the eye with both hands. 'Let your eye alone and rub your other eye;' this from the engineer. I thought he was chaffing me, and worked the harder. 'I know you doctors think you know it all, but if you will let that eye alone, the cinder will be out in two minutes,' persisted the engineer. I began to rub the other eye, and soon I felt the cinder down near the inner canthus, and made ready to take it out. 'Let it alone, and keep at the well eye,' shouted the doctor *pro tem*. I did so for a minute longer, and looking in a small glass he gave me, I found the offender on my cheek. Since then I have tried it many times, and have advised many others, and I never have known it to fail in one instance (unless it was as sharp as a piece of steel, or something that cut into the ball and required an operation to remove it.) Why it is so I do not know. But that it *is* so I do know, and that one may be saved much suffering if they will let the injured eye alone and rub the well eye. 'Try it.'

**NEURALGIA.**—A. Samkiewizy attaches an electrode of very porous carbon, into which chloroform is poured, with the positive pole, using the constant current. There occurs first, sopor; then a burning sensation; at last anæsthesia of subcutaneous nerves. Anæsthesia is not produced in deep-seated nerves, as in sciatica. That the chloroform penetrates the tissues is shown by coloring the chloroform with gentian violet and applying it with the constant current to the ear of a rabbit.—*Weekly Med. Rev.*

**IS CONSUMPTION CONTAGIOUS?**—After the study of nearly twelve thousand cases, Dr. Hermann Brehmer, an able German physician, rejects the theory of the contagiousness of pulmonary consumption. He finds the disease to be due to deficient nutrition of the lung, which may result from many causes. He believes that the operation of all the causes may produce such changes that it may be possible, years in advance, to predict with great probability which members of a family will be afflicted with pulmonary consumption, and which will remain healthy.—*Med. Herald*.

**BORIC ACID AND MICROBES.**—The statement has been made that a saturated aqueous solution of boric acid made with distilled water has been found after a week to contain a fungoid growth. The writer filled four bottles each partially full of a saturated solution of the acid, and kept them nearly a year (conditions of temperature and exposure not stated), occasionally removing the stoppers to permit the entrance of germs. No microbes developed in any of the solutions. Into another solution of the acid, some of the fungoid growth from an old solution of strychnine sulphate was introduced. After ten days the growth was found to be apparently enfeebled in its vitality, and had not increased perceptibly in amount. It has been recently shown that micro-organisms have a remarkable power of adaptability, so that conditions which ordinarily would be fatal to them may be tolerated if approached by gradations. The writer concludes from his experiments that boric acid is of unquestionable value as an antiseptic. It does not destroy germs, but it assuredly checks their power to multiply. Dr. Sternberg has shown that even a two per cent. solution will destroy the virulence of septicæmic blood, and wounds treated with boric acid produce healthy granulations, and show no signs of putrefaction, although micrococci in abundance may be found in the pus.—*R. C. Eccles, in Pharmaceutical Era.*

Boric acid may be dissolved in five times its weight of water by the intervention of a little magnesia. The proportions are: Magnesia usta, 2 parts; boric acid, 31 parts; water, 150 parts. The solution has the antiseptic properties of Dr. Oppermann's "anti-fungin."—*Pharm. Post.*

**BORACIC ACID IN GONORRŒA.**—Dr. W. C. Abaly, of Madison, Wisconsin, in thirty cases of subacute and chronic gonorrhœa, only failed to effect a cure with it in three cases, by the following mode: Two drams are prepared at a time, being sufficient for one seance, using half a dram of boracic acid and one and a half of glycerine; then by the use of a soft rubber catheter of proper size and a hard-rubber syringe, with a nozzle large enough to admit of a free flow of the pasty material, the injection is commenced at the prostatic urethra, gradually withdrawing the

syringe and stripping the catheter with thumb and forefinger, until the full length of the urethra has been thoroughly saturated. This process is repeated every second day. The patient is asked to urinate before the treatment, so the flow of urine will not disturb the paste for some time.—*Weekly Med. Rev.*

In the last Egyptian campaign, says Keetley, in the *Annals of Surgery*, not a single man died from pyæmia, septicæmia, erysipelas or hospital gangrene, a result unparalleled in the annals of war. So much for Lister!—*South'n Cal. Prac.*

**GLYCERINE ENEMATA.**—Fifty drops of glycerine injected into the rectum is very efficient for producing energetic and copious dejections. The action is dependent upon the property of the glycerine of attracting water. There is a transfusion of water from the intestinal walls into the canal, followed by an afflux of blood to the parts and consequent desire to defecate.—*Weekly Med. Rev.*

**WATER** which has been purified by alum, one-half grain to the gallon, is almost completely free from bacteria, even though previously swarming with them.—*Prof. Leeds.*

**CHLOROFORM WATER IN WASHING OUT THE STOMACH.**—Prof. Bianchi recommends chloroform water for washing out the stomach, and says he has obtained wonderful results from its use. He reports seven cases of dyspepsia and chronic gastritis, in most of which dilatation of the stomach existed. He had first used alkaline water (4 grms. natr. bicarb. to one litre of water) as a wash, but with no beneficial result. He then employed very dilute chloroform water, and found it to have the following advantages:

1. It produces marked diminution of pain, and lessens the intolerance of the stomach for food.
2. It reduces the dilatation of the stomach, on account of the antiseptic action of the chloroform upon the abnormal amount of decomposition taking place in the contents of the stomach, and on account of the reflex action caused by the sudden administration of the water.
3. It produces no unpleasant symptoms; at least none have been observed up to the present.—*Weekly Med. Rev.*



**TUBERCULAR PERITONITIS; LAPAROTOMY.**—Dr. Edward Ely Van de Warker (A. M. C., '63), of Syracuse, N. Y., gives several cases of undoubted tubercular peritonitis, cured by laparotomy. In one case he was the operator. He points out the fact that the diagnosis of this disease is very difficult, and that its course may be unattended with fever or with signs of tuberculosis in other organs. Operation in these cases acts in some unknown way, possibly by giving free drainage; certainly its utility is not due to insufflations of iodoform or irrigations with sublimate solutions, as cases have recovered where these drugs were not employed.—*Am. Jour. Obs.*, Sept., '87.

**THE SKIN AS AN AID TO THE KIDNEYS.**—A vicarious action on the part of the skin has been observed during interference with the function of the kidney, and Dawson, thinking that this power might be stimulated by the application of renal substance to the skin, applied the raw surface of the kidneys taken from recently killed animals to the soles of the feet in cases of very acute nephritis with suppression of the urine. He was convinced that benefit could be seen in all of the cases in which it was tried. A strong urinous odor was observed from the part, and the skin became soft and of a raw appearance.—*Weekly Med. Rev.*

**WATER AS A MECHANICAL THERAPEUTIC AGENT.**—An editorial in the *Northwestern Lancet*, of the September issue, on the "Mechanism of Swallowing," contains some interesting features. It describes the act of swallowing in this manner:

By action principally of the myo-hyoid and hyo-glossus muscles a sudden and considerable pressure is brought to bear upon the morsel at the back of the tongue, the force being sufficient to send the liquid or semi-liquid substances well down the œsophagus. The second part of the act is a slow contraction of the muscles of the pharynx and œsophagus, a movement of a peristaltic nature, which ends some six or seven seconds after the beginning of the swallow. The cardiac orifice of the stomach has all this time been closed, but it is forced open at the end of this secondary or "peristaltic" movement.

When several swallows are taken in rapid succession, the secondary movement

does not take place with each swallow, but only after the last one. Here comes an important part of the nervous mechanism, which is that the second swallow, following quickly after the first, is attended by an inhibitory action preventing the secondary or peristaltic movement. The inhibitory centre for this action is situated in the floor of the fourth ventricle, and stands in important relations with other nerve centres. It appears to be the calling into action of this inhibitory centre which causes the hiccough to stop when several swallows are taken in rapid succession, and at the same time the heart is made to beat more rapidly through inhibition of the vagus.

More remarkable yet, however, is the fact that this same act of repeated swallowing will inhibit the contractions of the uterus at the beginning of labor and check the erection of the penis. As the centre presiding over the erection of the penis has always been supposed to be in the lumbar region of the cord, the inhibiting action of the act of swallowing is difficult to understand, and may be taken as an additional fact pointing to the existence of a higher centre presiding over the erection of the penis.

As a therapeutic agent, repeated small swallows of water are likely to be of use not only in overcoming hiccough, but also in arousing the action of the heart in a fainting fit, in relieving the false pains of labor, and in preventing attacks of chor-dee. Their practical working should be further tested.—*Ind. Med. Jour.*

A NOVEL aid to instantaneous photography has been devised by two Berlin chemists. It consists of an explosive powder made of pulverized magnesium, chlorate of potash, and sulphide of antimony. When this is ignited, it will illuminate the darkest room with a flash lasting only one-fortieth of a second, but long enough to obtain a photograph of a person or object in the apartment.—*Am. Druggist.*

**HOW TO CURE WARTS.**—Place the thumb upon the wart and press it against the bone. Move the wart backwards and forwards upon the bone until the roots become irritated or sore, when the wart will disappear. So says a correspondent of the *Scientific American*.—*Am. Drug.*



## ANÆSTHETICS AS A CAUSE OF INSANITY.

—Dr. Geo. H. Savage, of London, gives as his conclusion, from the observation of the after-effects of operations during which anæsthetics have been administered, that a causal relationship between anæsthesia and insanity, in subjects predisposed to that affection, really exists. Among the practical questions which this thought brings up, one of the most important is whether neurotic inheritance or neurosis in the individual should in any way affect the prognosis in operations, and to what degree it should interfere with operations of convenience which are not essential to the saving of life.

He gives as his first proposition, in the demonstration of his theory, that any cause which will give rise to delirium may set up a more chronic form of mental disorder quite apart from any febrile disturbance. The most common form of mental disorder which comes on in such cases is of the type of acute delirious mania, though such is generally of temporary character, passing into chronic weakmindedness or progressive dementia. He cites examples which serve to sustain his propositions.—*Weekly Med. Rev.*

CONVULSIONS may be frequently cut short like magic by turning the patient on his left side. Nausea, occurring as an after-effect of chloroform and ether narcosis, may generally be controlled in the same manner.—*Chicago Med. Times.*

TO RENDER TINCTURE OF IRON "TASTELESS."—Any process or method by which the characteristic astringent and ferruginous taste of ferric chloride or of tincture of chloride of iron is modified or neutralized involves certain molecular changes or a decomposition, resulting in the production of a new compound. For example, the "tasteless tincture of iron" which our correspondent alludes to, owes its tastelessness to the fact that the iron no longer exists as a chloride, but most probably as a citrate. And so it is with any other process that accomplishes the same purpose. In many cases, it may be entirely immaterial whether the iron introduced into the system is offered to it in the form of tincture of chloride of iron or in any other form (reduced iron, saccharated carbonate, citrate, phosphate, sulphate, etc., etc.). And in these cases the physician

will probably have no objection whatever if his patient seeks to render the administration of the remedy as pleasant to the taste as possible. There are, however, some cases in which the astringent character of the tincture is desired to produce a certain impression—that is, where the ferric chloride, in its alcoholic solution, is intended, *as such*, to reach the place where it is to produce the special impression, or where it is to be absorbed. In such cases, it would be improper to counteract the physician's plan by causing a chemical change in the compound before it has reached the intended place.

Having premised these remarks, we will append two methods which, in our experience, are very effective in accomplishing the result desired.

1. Pour the measured quantity of tincture of iron, immediately before administering or taking it, into a sufficient quantity of *milk*, about a wineglassful for every ten drops of tincture. This method was first recommended by Hager. The iron probably changes to phosphate in this case.

2. Pour the tincture into a sufficient quantity of *Vichy water*—about 1 fl. oz. for every ten minims of tincture. This method is often practiced in the public hospitals of this city. Our attention was first drawn to it by Dr. A. B. Pope. In this case, of course, the iron changes to carbonate, the carbonic acid being speedily disengaged, and ferrous hydrate being deposited on standing. In this form it has been found to be quite easily taken, and, so far as known, with best results.—*Am. Druggist.*

IODINE IN VOMITING OF LABOR.—Dr. Llewellyn Eliot (*Med. Rec.*, Sept. 24, 1887) quotes Bartholow, Potter and Thomas J. Gaunt as advising compound tincture, or tincture, of iodine, five drops (about two minims) in a tablespoonful of sweetened water. The dose is repeated in half an hour to insure persistence of effect.

"I REGARD the use of beer as the true temperance principle. When I work all day and am exhausted, nothing helps me like a glass of beer. It assists nature, you understand," said Remson to Benson. "It makes a fool of me," Benson replied. "Just so," exclaimed Remson; "that's what I say; it assists nature."

**REVOLT IN A HOSPITAL.**—The *Progrès Médicale*, November 12, 1887, states that a terrible revolt has broken out in the Hospital of Santa Maria, at Naples, which is occupied by several hundred women who have venereal diseases. They commenced by driving the nuns from the convent and forcing them to take refuge with the police. They then sacked the hospital, breaking in pieces and throwing every thing out of the windows. Armed with table knives they attacked the police, who had to force the gate. A platoon of soldiers and some riflemen were called upon, but hesitated to employ brute force against the women, and were repulsed. But as they were assailed by chairs, plates, bottles, bars of iron and broken bedsteads, they marched against them with fixed bayonets and drawn swords. The revolt lasted eight hours, and twenty-two sisters, as well as several of the soldiery, were more or less seriously hurt. Twenty-eight of the most desperate women were arrested. The principal cause of the revolt was the prohibition of visits to the hospital, as it was found that lovers were received in place of parents.—*Med. and Surg. Reporter, Phila.*

**DIPHTHERIA.**—The editor of a New York medical journal claims that alcohol is "the most perfect and reliable medicine of which we have any knowledge in diphtheria." He has used it since 1873, and during the interval has lost but one case, which was dying before the remedy was administered. Used as a gargle, he says it is a sure prophylactic. Such statements as this, which are so frequently inflicted on an unoffending public, merely show that the writer has seen but very little diphtheria. Alcohol is used in diphtheria by almost all practitioners, and yet look at the mortuary records of all large cities, with their terrible lists of deaths! We have seen more than 200 cases die of diphtheria, notwithstanding the careful and persevering use of alcohol and other drugs. The remedy for diphtheria lies hidden in the womb of the future.—*So. Cal. Prac.*

**IGNI-PUNCTURE OF TONSILS.**—St. Germain, of Paris, introduces a thermo-cautery about a quarter of an inch into the tonsil, once in eight days. After two to four sittings the tonsil is shriveled.

**FOR THE ACUTE PAROXYSMS OCCURRING IN PROSTATIC ENLARGEMENT,** Dr. R. D. Webb finds, of internal remedies, these three of most avail: quinine, ergot and salicylate of sodium. Quinine is especially applicable in the engorgement following exposure to cold, given in decided doses, with Dover's powder. Of ergot, he finds the fluid extract, in twenty-five-drop doses every two or three hours, for the same purpose, to produce relief, acting, doubtless, on the capillaries of the congested organ. The salicylate of sodium he prefers to extemporize by combining bicarbonate of sodium and salicylic acid, each 3 ij, with water 3 vj, in a mortar till effervescence ceases, and administers of this a tablespoonful every two hours; this last he prefers to all other internal remedies. These are, however, only adjuvants to the catheter and irrigation, use of which should be begun as soon as micturition becomes prolonged or painful. In the early stages a soft rubber catheter is to be preferred; but if a stylet is necessary to its introduction, the Benas gum catheter is to be preferred, and the patient may be trusted to use it. At least once in twenty-four hours the bladder should be completely emptied by it and washed out with an appropriate solution, which may early consist of chloride of sodium, later of borax, boric acid or salicylic acid. It should be so used as not to give pain, though securing thorough irrigation, the Politzer air bag serving well or a fountain syringe, care being taken not to throw in the fluid too rapidly.—*N. Y. Med. Jour.*

QUEBRACHO fluid extract is said to be an excellent application to frost-bitten extremities, burns, etc. In half an hour it has dried, forming a tough adhesive crust, under which the formation of the skin progresses favorably.

**KOLA**, in the form of kola-chocolate, in doses of one or two drachms, is highly praised in syphilis by E. Hurry Fenwick. He thinks iodide of potash agrees much better when kola is administered with it.—*South'n Cal. Prac.*

**SODÆ BICARB.** IN INCONTINENCE OF URINE, one teaspoonful in water at bedtime, for children.—*Dr. Sell, Weekly Med. Rev.*

**THE MODERN TREATMENT OF URETHRITIS.**—Dr. George E. Brewer, Roosevelt Hospital, read a paper on this subject before the New York Dermatological Society, March 22, 1887.

The results of treatment are shown in tables which accompany Dr. Brewer's paper. They may be briefly stated as follows: Of 23 cases of acute specific urethritis treated by irrigation with bichloride of mercury, marked improvement was noted on the first, and latest on the eighth day. The average cessation of purulent discharge was in  $10\frac{10}{100}$  days, and all discharge in  $17\frac{1}{2}$  days. Of 14 cases of non-specific urethritis, marked improvement was earliest on the first, and latest on the eleventh day. The averages in this class were: Improvement,  $3\frac{3}{4}$  days; absence of pus,  $6\frac{1}{4}$  days; absence of all discharge,  $7\frac{3}{4}$  days. Of the eight cases of chronic purulent urethritis treated, marked improvement in seven was noted at the end of 24 hours, and in the remaining case at the end of 3 days; all discharged in  $9\frac{1}{2}$  days. In private practice the results are even more favorable. In 30 cases collected, all of acute gonorrhœal urethritis, the recovery in all took place within two weeks. The average was  $7\frac{27}{100}$  days.

In 46 cases treated by the prolonged retrojection of hot water alone, or combined with some astringent agent, marked abatement of inflammatory symptoms, a diminution in the amount of discharge and a decided change in its character were observed. This method is deemed sufficient to check the discharge in cases of non-specific and chronic urethritis within a few days.

Dr. Brewer's experience induces him to assert that in the retrojection of a hot solution of bichloride of mercury we have a method that combines the soothing and antiphlogistic action of heat with the germicidal and curative effect of the bichloride, which, in cases of acute specific urethritis, fulfills the indications in a more satisfactory manner than any method with which he is familiar.

The method of irrigation is thus explained: The apparatus consists of an elevated reservoir, a rubber tube, and a glass or gutta-percha nozzle. The patient is first instructed to pass his water, and the nozzle of the irrigator is next firmly pressed against the urethral orifice. The

current is so directed that the stream enters in the line of the canal. Sufficient outflow is permitted to keep the fluid in motion while the urethra remains distended. From one to two quarts of fluid are allowed to pass through the urethra at each irrigation, which should be repeated twice or three times in twenty-four hours.

The strength of the bichloride solution used should range from 1 to 60,000 to 1 to 10,000, according to the sensitiveness of the urethra. When hot water is used, the temperature should be  $98^{\circ}$  at the beginning and gradually raised until it is as hot as the patient can bear; about two quarts should be used at least twice a day.

In concluding his paper, Dr. Brewer offers the following summary:

1. That in uncomplicated cases of acute gonorrhœal urethritis, treated by prolonged and frequent irrigation with bichloride of mercury, recovery may be expected within two weeks; that this period may be considerably shortened by the early inauguration of treatment, by absolute rest, and by the avoidance of stimulants; that it may be indefinitely prolonged by irregularity in treatment, by inordinate physical exertion, and by indulgence in alcoholic and venereal excesses.

2. That the retrojection of a hot solution of bichloride possesses all the advantages of the former procedure, and, in addition, causes a more rapid subsidence of inflammatory symptoms, a greater feeling of comfort to the patient, and is attended with less annoyance and trouble.

3. That in cases of acute non-specific urethritis the favorable influence of these methods is strikingly apparent.

4. That in cases of chronic purulent urethritis no agent produces such rapid and permanent improvement as irrigation, especially when combined with astringents and heat.

5. That the percentage of complications occurring in cases treated by these methods is far below that observed when the ordinary methods are employed.—*Maryland Med. Jour.; Am. Prac. and News.*

**ARTIFICIAL JOINT IN LOWER JAW BONE.**—On the 24th of November, Dr. E. H. Gregory, of St. Louis, performed an operation at the Sisters' Hospital, for a young man eighteen years of age, of Paynesville, Mo., who when but five years of age was



salivated so that the masticating muscles of the left side were destroyed, and which on healing caused a cicatrix which produced traumatic trismus.

During the intervening thirteen years, this cicatricial tissue has been broken up three times, in hopes that the young man would be able to use his jaw in mastication with the aid of the muscles on the opposite side, but each time the cicatrix has produced the same result. With the view of making a new joint to afford the patient the use of the right side for mastication, the doctor, on the above date, removed a portion of the inferior maxillary bone anterior to where the cicatricial tissue had formed, corresponding in size with a line drawn at the middle of the root of the first inferior bicuspid and the anterior root of the first inferior molar, or about one-half inch.

On the following Sunday morning, the 27th inst., I placed in the space made by the removal of the piece of bone a piece of vulcanized rubber about double the thickness of rubber used for dental plates, with the idea that by the pressure of the two ends of the bone it would be held in position; but when I called the following day I found it had slipped out of position, owing, I think, to the two ends of the bone forming a sort of dovetail; and in using the jaw, as the young man informed me, he had eaten a piece of beefsteak and some bread and butter.

I then removed the piece of rubber and drilled a small hole near the top, large enough to admit a piece of gold wire. I then twisted the wire for a little over a quarter of an inch, until it would reach from the rubber when in position to the posterior surface of the left inferior canine, to which I then attached the wire.

The young man called on me during the afternoon, and it was nicely held in position by this simple arrangement, and in using his jaw, the rubber being attached to the movable end, it moved with it.—*H. L. McKellops, M.D. D.D.S., in Archives of Dentistry, St. Louis.*

**A CASE OF REPLANTATION.**—Translated by H. Muetze, from *L'Odontologie*. On the third of January, 1886, a girl, æt. 18, called at the Ecole dentaire, of Paris, complaining about her first right upper bicuspid tooth, which was very badly de-

cayed and besides affected with chronic periostitis. This tooth had been previously filled in May, 1885, but the filling had not proven successful; it had come out. The root canals were open, and dentine was exposed to the destructive action of the saliva, and therefore softened. The tooth had been in this condition for six months. In spite of all the treatment which was subsequently applied, the tooth still ached after a month had elapsed.

As the girl insisted upon having the tooth preserved, replantation was suggested to her, and she consented to undergo the operation. The tooth was extracted; the roots, two in number, were at the extremities entirely deprived of the periosteum and even partly necrosed. The palatine root was perfectly straight; the labial root, however, had a curve at its apex. As soon as the tooth had been extracted, the socket, as well as the tooth, were carefully cleansed with alcohol and carbolyzed water. The cavity and canals of the tooth were properly prepared and filled with Poulson's cement.

The diseased parts of the roots were removed, and after the tooth and alveolar cavity had been thoroughly disinfected, the tooth was replaced. The operation required twenty minutes.

In order to retain the tooth in its proper position, a new method was followed, which has been recommended by Dr. Herbst, of Bremen. It consists in the application of the rubber-dam. A small piece of rubber-dam, about 5 cm. square was taken and two holes punched into it, leaving enough space between them to stretch it over the replanted tooth, fastened as before on the canine, and the excess of dam trimmed off. In this way the dam is held in position by two sound teeth; it has two fixed points, which hold the replanted tooth in the socket by a constant pressure.

A week later the patient came back to the clinic, and, upon examining the mouth, it was found that the gums were in a perfectly healthy condition, and although the tooth was a little loose yet, it still was firm enough to allow the rubber-dam to be taken off. On pressing on the grinding surface, however, a little pain was perceived. Another week afterwards the tooth was entirely non-sensitive, the articulation normal, only mastication was not



perfect. The patient was advised not to chew on the right side, to prevent inflammation.

Three weeks after the operation there was no perceptible pain caused by pressing on the grinding surface. The tooth was firm, and the gums did not show any signs of inflammation.

Now, on the 20th of December, we have the satisfaction of being able to state that the replanted tooth is just as firm as any tooth in the patient's mouth.—*Archives of Dentistry, St. Louis.*

**SULPHUR IN CHLOROSIS.**—In some cases treatment stimulates the secretory activity of the gastric mucous membrane; in others, both proceedings are useless. In these latter cases there is a deficiency, not of iron, but of sulphur, without which living albumen and active cellular substance cannot exist. Acting on these theoretical considerations, Schulz and Strübing have given sulphur in chlorosis. From six cases thus treated they draw the following conclusions:

1. In cases of simple chlorosis, in which iron has no effect, the general condition is markedly improved by sulphur.

2. After sulphur has been given for some time, treatment with iron could be started and continued successfully.

3. Sulphur is not borne in cases of chlorosis complicated with catarrhal inflammatory condition of the digestive tract.

R Sulph. depur. - - 150 grains.  
Sacch. lact. - - 300 grains.—M.

Ft. pulv. Half a teaspoonful three times daily.—*Med. Chronicle.*

**GERMICIDE POWER OF SULPHUR DIOXIDE.**—In reviewing the result obtained in the author's experiments, the following conclusions seem to be justified:

1. Sulphurous acid gas in 100 volume per cent. under pressure, with an exposure of thirty minutes, will ordinarily destroy most forms of micro-organisms, either in dry or moist condition, with the exception of the spores of bacilli.

2. It will not destroy the permanent spores under any conditions, but retards their growth.

3. When used by the vacuum process, access to every part of the material to be disinfected is insured.—*H. M. Briggs in Medical News, Dec. 17.*

**SULPHUR FUMES FOR CONSUMPTION.**—Consumptive patients are advised by a pupil of Liebig, in the *Apotheke Verein*, to live in rooms where one or two drachms of sulphur are melted on a hot stove. The first ten days brings increased cough and irritation, then these cease, and the patient improves rapidly. Persons with catarrh and in early stages of consumption apply to enter chemical factories, where large quantities of sulphur are evaporated daily, and are cured in a few weeks by the inhalations. Cholera and epidemic diseases are never found in such factories.

**SULPHUR IN WHOOPING-COUGH.**—A Norwegian physician claims whooping-cough may be readily cured, even in one night, by causing the patient to sleep in a room in which sulphur has been burned.

**DANGEROUS DRINKS.**—A bartender bewailed the necessity of having to rub congealed drops of sticky beer off the bar. "But if I let them remain," he said, in a tone of one seeking compassion, "they rot the wood." "They rot the wood, do they?" fiercely repeated a beer bibbler. "Then what in the name of common sense does beer do to my stomach?" Replied the manipulator of drinks: "It is beyond me to tell. Of one thing I am convinced, and that is that a man's stomach is made of cast-iron. Elsewise how could he withstand the fluids he pours into it? Let me show you something." He placed a piece of raw meat on the counter and dropped upon it a small measure of an imported ginger ale. In five minutes the meat had parted into little pieces as though hacked by a dull knife.—*Phila. News.*

**NICOTINE POISONING.**—A Leary, Ga., man, while cleaning out his pipe with a jackknife, stuck the blade into his knee. The wound did not bleed, and he went to work. Late in the evening he fainted from exhaustion, and became completely unconscious, in which condition he remained many hours. His illness is ascribed to nicotine, which was introduced into the blood along with the knife-blade.

A GEORGIA farmer made a hundred dollars off an acre planted in watermelons, and a neighboring doctor made two hundred dollars off the same acre.

**PHOTOGRAPHING COLORS.**—Dr. H. G. Piffard, of New York, has been making some interesting experiments in orthochromatic photography with the instantaneous flash. The magnesium was found to be too white a light, and he made a "golden orthochromatic compound," with which he has obtained remarkable results. A print was shown at the Philadelphia Amateur Photographic Club recently from a negative made in this way. The subject was a bunch of chrysanthemums, yellow, magenta, etc., and the color values are reproduced in the most perfect manner.—*Med. and Surg. Reporter, Phila.*

**OXYGEN TREATMENT IN PNEUMONIA.**—Dr. V. Y. Bowditch, at a meeting of the Massachusetts Medical Society, Suffolk District, November 9, 1887, said: I wish to speak of a method of treatment which I have been using for the last two days at the Carney Hospital—the inhalation of an oxygen compound manufactured by Dr. Walton, of Orange, N. J. \* \* A man came in with pneumonia. The respirations were sixty; there was marked cyanosis. The man took a few inhalations. In half a minute his respiration was fifty. The respirations had changed to comparative ease. The color also changed. I kept the tube in his mouth for about a minute, he breathing through the nose all the time, and so wasting the oxygen. When I removed the tube, I said, "Did you get relief from that?" And the look when he said, "I guess so," was enough. I gave orders that he should take it every two hours. I had also put him on aconite, a drop every hour. The next morning the pulse, instead of being 120 and bounding, was 98 and of good strength. The respirations had come down to forty, and although the condition of the lungs had not materially changed, yet the character of the respirations had entirely changed.

The gas comes in cylindrical tanks, under a pressure of 250 pounds to the square inch, and one should last several days in a pneumonia case.—*Boston Med. and Surg. Jour.*, Dec. 15.

**TREATMENT OF CHOLERA.**—Dr. L. Peacan, of Buenos Ayres, warmly recommends a plan which he has for many years past pursued with much success in the management of cholera. When a typical case with vomiting and diarrhœa

comes before him, he immediately applies a cautery behind the right ear over the condyle of the lower jaw, with the object of stimulating the pneumogastric, and thus paralyzing the action of the sympathetic on the abdomen. He then administers six centigrams (six-sevenths of a grain) of calomel, which dose is repeated every five hours. Half an hour after taking the first of these powders a mixture is commenced, consisting of phosphoric acid, carbolic acid, tincture of opium, tincture of ginger, chloric ether, and mint-water, which is supposed to arrest vomiting and diarrhœa, to allay thirst, and to calm spasm—being, indeed, he states, sufficient to cure mild cases by itself. When the cramps are severe, ten drops of Battley's sedative solution of opium is added, and when there is marked prostration of the nervous system, tincture of coca. If the diarrhœa continues, three grams (forty-six grains) of glycerole of tannin are given in coffee three or four times a day, and forty centigrams (six grains) of Dover's powders for three or four nights in succession. The patients are allowed to have as much sulphuric acid lemonade as they care for. In addition to internal medication, warm frictions and sinapisms are applied, especially over the epigastrium.—*London Lancet.*

A MAN met his doctor on the street and complained of rheumatic pains, for which the doctor recommended him to take a pinch of "nitrate of potash" two or three times a day. Shortly afterwards he met the doctor again, and in reply to a question regarding his health, remarked, "Oh, I'm getting well, doctor; but 'tain't your medicine. I tried that for some time, till a neighbor told me something he took for his rheumatism—a very simple remedy. I tried it, and it does me a great deal of good." "What is it?" said the doctor. "Oh, it's simple; I'm afraid you'll laugh at me if I tell you." The doctor promised to control his risibles, and the patient, after much urging, informed him that it was "saltpetre." The doctor's smile was longer than the street.—*Chemist and Druggist.*

THERE is nothing consolatory for the patient suffering from a severe cold in the head to be told that cold "attacks the weakest spot."—*Salem News.*

# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE

*ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.*

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VOL. IX.—No. 1.

JANUARY, 1888.

\$1.00 A YEAR.

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WITH this number the *ANNALS* begins a new volume, and comes to its readers in a new form and considerably enlarged; it begins the new year also with some change in its management.

While practically in the same hands, it is no longer simply a journal of the Albany County Medical Society. Those who have followed its fortunes from the first will recall that it was begun simply as a society journal. In fact, during its first three years it carried with each issue a "monthly part" of what finally composed the third volume of the society's Transactions. Prior to its inception, we might explain to those unfamiliar with our local affairs, the society had printed two volumes, covering its history from its organization in 1806 down to 1870. Volume III., to print which in the way alluded to was a principal cause of starting the journal, covered the society's work from 1870 to 1880, and when completed was a volume of 400 pages, illustrated with portraits of a number of prominent members.

At the same time the current history of the society, together with the papers presented at its meetings, were printed, and with the purpose of continuing this mainly in view, the journal was kept up after the volume was finished. It was a new thing for a county medical society to undertake the issue of a periodical, but it does not

appear to have been altogether too pretentious, since next to New York and Buffalo, each having its medical periodicals, Albany ranks in order of size and society membership, and it is the centre of a considerable territory which may be fairly called its own for which it might furnish expression. Besides, it is an educational centre, having one of the oldest medical schools in the country.

As time has gone on, the *ANNALS* has outgrown, somewhat, that which was planned for it. We have found numerous contributors from outside, not only from our immediate vicinity but from others well known in current medical literature. Our little journal, intended at first to be merely local, has made a place among the periodicals.

Having come to be more than the mouth-piece of the society, it has been thought best to withdraw from the narrow limits that are implied by the title of "A Journal of the Medical Society of the County of Albany." This has been done, and it will be now known simply as the *ALBANY MEDICAL ANNALS*. After eight years service to the society, it will continue with the society's best wishes for its success, the members of which will still probably be its principal contributors. But it will present in a larger way than heretofore the general progress of medicine, and will



have the regular support of more writers beyond our own borders, which its increase in size will permit.

\* \* \*

THE ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION has just been organized, for the purpose of maintaining a reading-room which shall be supplied with all the leading medical periodicals at home and abroad, and also for carrying on this journal. The need of a complete collection of the current literature of the profession has long been felt here, and it has seemed that Albany was sufficiently metropolitan to possess it. We can now assure ourselves of having access at home to such a valuable collection. The association, which has already a considerable membership, is open to all who wish to join it. A large apartment has been very generously set apart for its use by the Albany Medical College, and in this central location arrangements are such that it will always be accessible to the members. It will have social advantages as well, as on certain evenings of the week the members will be more generally in attendance.

The publication of this journal will contribute a good deal to its interest and support. All our exchanges and books for review will go to the association, and the members are all to be collaborators in its support. The journal itself will in turn be benefited by thus having the interested support of the best part of the profession here.

\* \* \*

DR. FERDINAND VANDEVEER HAYDEN (A. M. C., '53) died Thursday morning, December 22, 1887, after an illness with locomotor ataxia, which had confined him to his room for over a year and a half. He was a distinguished scientist, and was widely known as a geologist. He was born, of Puritan descent, in Westfield, Mass., on September 7, 1829. His parents moved to Ohio, where he was brought up

on a farm, and graduated at Oberlin in 1850. In 1853, the same year in which he received the degree of Doctor of Medicine in Albany, Dr. Hayden was sent to the "bad lands" of Dakota by Professor James Hall, of Albany, then, as now, state geologist of New York. Here he began his work of investigation of fossil vertebrates, which has made him famous. During the next two years, in a scientific exploration of the upper Missouri, under the auspices of the American Fur Company, but at his own expense, he discovered many important fossils, which were finally shared by the academies of science in St. Louis and Philadelphia. In February, 1856, he was engaged by Lieut. Gouverneur K. Warren, of the United States Topographical Engineers, to prepare a report of his explorations, and so the government obtained the benefit of his three years' work. In May, 1856, he was appointed on the staff of Lieut. Warren, and was occupied in the northwestern territories until May, 1859, when he was appointed naturalist and surgeon to the government expedition to the Yellowstone and Missouri rivers. He was thus employed until May, 1862, when he was appointed acting assistant surgeon, and assigned to duty at Satterlee Hospital, Philadelphia. On February 19, 1863, he was confirmed assistant surgeon and full surgeon, and appointed chief medical officer at Beaufort, S. C. In February, 1864, he was made assistant medical inspector in the department of Washington, and September following was raised to be chief medical officer of the army of the Shenandoah, under Sheridan. From 1865 to 1875 he was professor of geology and mineralogy in the University of Pennsylvania. The United States geological survey of the territories had been placed in his charge in 1867, and its increasing demands led to his resignation of the professorship. The reports of this survey occupy many octavo volumes, accompanied



by quarto volumes of illustrations. It was through Professor Hayden that the Northern Park in the Yellowstone valley, more than 3,500 square miles in area, was set apart by the United States government. He was a member of the National Academy of Sciences and of nearly all the other scientific societies of America, and honorary corresponding member of a large number of scientific bodies in foreign countries. He occupied more than twenty years in the exploration of the great West, and extended his investigations over the greater portion of Kansas, Nebraska, Colorado, New Mexico, Dakota, Montana, Idaho and Utah. Among his publications were "The Great West; its Attractions and Resources," in 1880, and "North America," in 1883. A good account of his life-work is given in the *Scientific American*, January 7, 1888.

Professor Hayden has been a conspicuous figure in the scientific exploration of our country and a credit to the American name among men of science throughout the world.

\* \* \*

WE learn with regret of the death, on January 7, of Dr. Wesley M. Carpenter, of New York city. He was a member of the State Medical Society and of two of the committees, and for years the excellence of the reports of its meetings have been due to his stenographic work. It is understood that he had charge of the reportorial work, the execution of which was very highly complimented, for the International Convention at Washington. He was a member of the New York County Medical Society and of the Academy of Medicine. He has been a considerable contributor to medical literature. His death, which occurred at the age of fifty, was due to Bright's disease.

\* \* \*

PROF. HARRISON E. WEBSTER will probably be the next president of Union College.

Monday evening, January 8, a committee of the board of trustees of Union College, consisting of Dr. J. A. De Remer, of Schenectady, and the Rev. Dr. George Alexander, of New York city, called upon him and received permission to use his name as a candidate for the college presidency. Prof. Webster was graduated at Union in the class of '68, and from then until 1883 was a tutor and professor of natural history in the institution. In 1883 he accepted the chair of professor of geology and natural sciences in the University of Rochester, which he has held ever since. He has at different times been a student at the Sheffield Scientific School, the College of Physicians and Surgeons in New York, and the Smithsonian Institution. He is the author of a number of books, and stands very high among the naturalists of this country. Prof. Webster served from 1875 to 1880 as professor of physiology in the Albany Medical College, and is remembered by very many of our alumni as a most popular lecturer.

\* \* \*

THE MEDICAL SOCIETY OF THE STATE OF NEW YORK holds its eighty-second annual meeting at Albany on the 7th, 8th and 9th of February, 1888. The printed program shows between forty and fifty papers, besides the president's inaugural and the annual address by President Alfred L. Loomis, M.D., of New York city. The papers are classified into medical and surgical sections, and further grouped to form a "symposium" on Bright's Disease, and others on Salpingitis, on Intestinal Obstruction, on Tubercular Affections of Joints, etc.

#### ALBANY MEDICAL COLLEGE.

The fifty-seventh commencement will be held in the Leland Opera House in the second week in March. The annual address to the students will be delivered by the Hon. Matthew Hale, of Albany.

The valedictorian of the graduating class is Mr. R. F. Macfarlane; the essayist is Mr. Michael Heenan, Jr.

At the Alumni Meeting in the morning, in Alumni Hall, Prof. C. S. Merrill will give the address of welcome to the alumni on behalf of the faculty, and President Josiah H. Helmer, M.D. ('47), of Lockport, N. Y., will deliver the president's annual address. Reports are expected from the following class historians: Dr. T. S. Dawes ('48), of Saugerties, N. Y.; Dr. Henry M. Cronkhite ('58), Surgeon U. S. A., Fort Hays, Hays City, Kansas. Dr. Merritt B. Fairchild ('68), of Syracuse, N. Y.; and Dr. Theodore L. St. John ('78), of Centre Brunswick, N. Y.

The usual alumni banquet will be held in the Delavan House in the evening.

#### ALBANY MEDICINE AMONG OUR NEIGHBORS.

The following list may be acceptable to our subscribers and contributors, who are alike interested to know how Albany medical publications are received by our compeers:

"The Treatment of Chronic Gonorrhœa in the Male," by Dr. O. D. Ball, Albany (ALBANY MEDICAL ANNALS, June, 1886), appeared in *The Therapeutic Gazette*, Detroit, Dec., 1886, in addition to the large number of medical journals named in the ANNALS for Dec., 1886.

"The Accouchement of a Turkish Princess," by Dr. J. A. S. Grant, of Cairo, Egypt, is briefly abstracted from ANNALS of May, 1886, in *New England Medical Monthly*, Bridgeport, Conn., Dec., 1886, without credit to ANNALS.

"The French Metrical System as Compared with Anglo Saxon Metrology," in *Philadelphia Medical Times*, Jan., 8, 1887, is a garbled copy from our September number, 1886, taken without naming its source.

"Antiseptic Surgery in Berlin," in *Practice*, Richmond, Va., Jan., 1887, is from Dr. J. W. Poucher's letter, Dec., 1886.

"Cold Applications in Eye Diseases," by Dr. G. S. Munson, Albany, Dec., 1886, in *The Western Medical Reporter*, Chicago, Jan., 1887, and in *The American Medical Digest*, New York, Feb., 1887.

Professor Maurice Perkins's contribution on "Salol, the New Anti-Rheumatic," Jan., 1887, is found in full in the *National Druggist*, St. Louis, March 4, 1887.

"Cerebral Localization," by Dr. Henry Hun, Albany, Jan., 1887, in *Columbus Medical Journal*, March, 1887; *The Medical Advocate*, New York, March, 1887; *The New York Medical Times*, Dec., 1887; *American Journal Medical Sciences*, Jan., '87.

"Classification of Insanity," by Dr. Selwyn A. Russell, Albany, July, 1886, in *Alienist and Neurologist*, St. Louis, April, 1887.

"Fractures in a Cancerous Patient," by W. H. Hall, M.D., of Saratoga, Jan., 1886, in *The Medical Analectic*, March, 1887, and, without crediting the ANNALS, in *The Western Medical Reporter*, Chicago, April, 1887.

"Baked Beans," by Ephraim Cutter, M.D., New York, March, 1887, is pleasantly commented on in an editorial in *The New York Medical Journal*, April 2, 1887, and is more briefly quoted and referred to in *The Medical Record*, April 9; *The Kansas City Medical Index*, May; *Popular Science News*, Boston, May; *Medical and Surgical Reporter*, Philadelphia, June 18; *The Microscope*, Detroit, October. The *New England Medical Gazette*, Boston, June, contains a "serio humorous" editorial in reply to Dr. Cutter.

"Report of Five Cases of Knock Knee Treated by Macewen's Method," by S. R. Morrow, M.D., Albany, in *The Analectic*, May, 1887, from ANNALS, July, 1886.

"Gymnemic Acid," by Prof. Maurice Perkins, Schenectady, N. Y., in the *National Druggist*, St. Louis, July 25, 1887, and in *The Therapeutic Gazette*, Philadelphia, August, 1887, is copied from June, 1887.

"Tobacco Amblyopia," by Herman Bendell, M.D., Albany, June, 1887, is reprinted in full in *The Medical Advocate*, New York, July, 1887.

"A Case of Multiple Vesicular Purpura," by P. J. Keegan, M.D., Albany, June number, 1887, is reprinted in full in *The Journal of Materia Medica*, New Lebanon, N. Y., July and August, 1887.

"Diet in Cancer," by Dr. E. Cutter, New York, in the ANNALS, July and August, 1887, also read before the Ninth International Medical Congress in September, is abstracted in *Northwestern Lancet*, St. Paul, August 15, 1887; in *The College and Clinical Record*, Philadelphia, Sept., 1887; *California Medical Journal*, Oakland, Cal., Sept., 1887, and is more briefly mentioned in a number of other journals.

"Arab Stone Extractors," and "Tape Worm in Syria," by Dr. Ira Harris (A. M. C., '82), of

Tripoli, Syria, is copied from ANNALS, August, 1887, in the *Northwestern Lancet*, St. Paul, Minn., Sept. 1, 1887; the whole of Dr. Harris's letter is given in *The Medical and Surgical Reporter*, Philadelphia, Oct. 15, and a large part of it is printed in *The Homœopathic Recorder*, Philadelphia, Nov. 15, 1887.

"Teething: Is it a Common Cause of Disorder?" by Dr. S. A. Russell, Albany, in the July number, 1887, appears in part in *The Epitome*, Sept., 1887.

"Sewer-Gas Poisoning," by Dr. Henry Hun, Albany, read before the Association of American Physicians in Washington, was printed in full in *The Medical News*, Philadelphia, August 20, and in part in *The Northwestern Lancet*, St. Paul, August 15; *The Epitome*, New York, Sept.; *The Medical Analectic*, New York, Sept.; *The Homœopathic Recorder*, Philadelphia, Nov., 1887.

"To What Extent Can We Classify Vesical Calculi for Operation? Reports of Cases and Remarks on the Different Methods Employed," by Dr. Albert Vander Veer, Albany, read before

the American Surgical Association, Washington, D. C., in May, 1887, is printed in full in the *Virginia Medical Monthly* Richmond, August and Sept., 1887, and in part in several journals. See ALBANY MEDICAL ANNALS, May, 1-87.

"Some Points in Domestic Sanitation," by W. O. Stillman, Albany, in ANNALS, August, 1887, appeared also in *Albany Evening Journal*, and in the *Popular Science Monthly*, Nov., 1887.

"Albany: a Sanitarian View," by Dr. E. A. Bartlett, Albany, Nov., 1887, in *Albany Morning Express*.

"Hemeralopia, without Appreciable Lesion," by Dr. T. Featherstonhough, Albany, appeared in the *American Journal of Ophthalmology*, St. Louis, Sept., 1887.

The Albany Press and Knickerbocker, the *Albany Evening Times* and the *Albany Union*, as well as the *Albany Evening Journal*, and the *Express*, named above, have all shown fraternal courtesy in printing more or less complete abstracts of articles in the ANNALS.

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## BOOK NOTICES.

FUNCTIONAL NERVOUS DISEASES: THEIR CAUSES AND TREATMENT. Memoir for the Concourse of 1881-1883, Académie Royale de Médecine de Belgique. With a supplement on Anomalies of Refraction and Accommodation of the Eye and of the Ocular Muscles. By George T. Stevens, M.D., Ph.D., etc. New York: D. Appleton & Co. 1887.

The thesis of the work before us is, as stated on page 21: "Difficulties attending the functions of accommodation and of adjusting the eyes in the act of vision, or irritations arising from the nerves involved in these processes, are among the most prolific sources of nervous disturbances, and, more frequently than other conditions, constitute a neuropathic tendency." On the same page the author specially declares that the foregoing proposition "fully recognizes any and all causes of nervous irritation," and that the influences indicated by it are held to be pre-eminent, but not exclusive, permanent causes.

On page 76 we find the further proposition: "That of the hereditary physical

defects which tend to develop neuroses, anomalous conditions of the eyes are among the most frequent and important."

The main part of the work received the highest honor, awarded by the Belgian Academy of Medicine, for the *concours* of 1881-1883.

The author, from having been among the earliest to appreciate the import of ocular anomalies as causative of various neuroses, and having had extensive experience in the treatment of functional nervous disorders, is peculiarly fitted to address the profession concerning the matter discussed in this treatise. Physicians, generally, may derive benefit from study of it, because, although the correlation of eye strain and neuroses is now much better recognized than has ever before been the case, still further recognition will, we respectfully submit, bring us nearer the truth.

The work is valuable as amply covering *this portion* of the field of *reflex irritation*, than which no other field offers more at-



tractions to him who would serve the medical profession in the capacity of an investigator. It is valuable, too, as giving many case-histories, some of which are detailed and others tabulated. The general utility of such records is too apparent to need special indication.

From a careful reading of the work, we derive the impression that its author anticipates for it much adverse criticism. Moreover, there seems to be in it (though, perhaps, found mainly "between the lines") the indication of a feeling, on the author's part, of loneliness in his position as stated therein. It has been wisely said that an enthusiast is the benefactor of the next, rather than of his own, generation; and the one who expects his fellows to keep pace with him in the matter having his special attention and interest, is inviting disappointment. Nevertheless, we doubt if the *spirit* of the *quod est demonstrandum* of the book in question will encounter great opposition from those whose opinion concerning it is best entitled to consideration; and, without wishing to detract from Dr. Stevens' merit as a pioneer, we venture to assert that his position, just referred to, is not so nearly isolated as the tone of the book might seem to indicate.

Those whose desire for real increase of medical knowledge enables them to look above and beyond the petty influences which so often modify our action as scientific investigators, will be disposed to congratulate Dr. Stevens because, in this book, he neither dogmatizes nor pleads.

The title of the work suggests the logical fallacy of the undistributed middle, since the discussion plainly has ocular anomalies, rather than functional nervous diseases, for its *point de départ*. It might, on this account, be misleading, and is, therefore, open to criticism; but its inaccuracy is not likely to be considered a material blemish by those who are most apt to study the work, which, as a whole,

possesses intrinsic merit entitling it to a welcome from the profession. C. M. C.

THE PRACTICE OF MEDICINE AND SURGERY APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN. By W. H. Byford, A.M., M.D., Professor of Gynecology in Rush Medical College, and of Obstetrics in the Woman's Medical College; Surgeon to the Woman's Hospital of Chicago, etc.; and Henry T. Byford, M.D., Surgeon to the Woman's Hospital, of Chicago; Gynecologist to St. Luke's Hospital; President of the Chicago Gynecological Society, etc. Fourth Edition. Thoroughly revised, rewritten, and enlarged by over 100 pages, with 306 illustrations, 100 of which have been specially drawn for this edition, from original drawings made from life or based on the observations and investigations of the authors. 832 pages. Cloth, \$5; leather, \$6. Philadelphia: P. Blakiston, Son & Co.

Rapid and great advances made during the past few years necessitated the rewriting of many sections and the addition of much new material. "Practical Observations upon the Anatomy and Physiology of the Female Pelvic Organs" (three chapters), etc., are newly added. While Chapter I. is intended to supplement the general knowledge of anatomy and physiology obtained at the medical colleges, Chapters II. and III. are intended as a study of the anatomy and relation of the pelvic structures as they are encountered clinically. "Lacerations of the Perineum and Pelvic Floor," and three chapters on "Displacements of the Uterus," have been rewritten. The chapters on "Affections of the Ovaries" and "Fallopian Tubes" have also been revised, and the subject of Oöphorectomy rewritten. New matter concerning "Tumor of the Broad Ligament" and "Pelvic Abscess" has been added, and other important changes are made throughout the volume. The illustrations, over 150 of which are new, have been carefully selected, a majority of them (excepting cuts of instruments) be-



ing from original drawings made especially for this edition. Special significance is given to sympathetic symptoms of organs apparently disconnected with the uterus. Modern methods and means recommended show a thoroughly progressive spirit.

**HAMILTON'S MEDICAL JURISPRUDENCE.** A Manual of Medical Jurisprudence, with Special Reference to Diseases and Injuries of the Nervous System. By Allan McLane Hamilton, M.D., one of the Consulting Physicians to the Insane Asylums of New York City, etc. Second edition revised. 380 octavo pages, price \$2.75. Fourth volume of the series of "Medical Classics" now in course of publication. New York: E. B. Treat, publisher, 771 Broadway.

This is a practical work, plain, clear and concise. It is very fully illustrated with cases drawn from *American* sources—a feature that is not always to be found in similar treatises. The leading topics are: Insanity in its Medico-Legal Relations; Hysteroid Condition and Feigned Disease; Epilepsy; Alcoholism; Suicide; and the chapters on Cranial and Spinal Injuries, which are particularly valuable on ac-

count of the numerous decisions cited from our courts in connection with suits for damages from railroad collisions, etc.

**INSANITY: ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT.** A Manual for Students and Practitioners of Medicine. Second Edition. By E. C. Spitzka, M.D., President of the New York Neurological Society, etc., etc. 423 pages, large 12mo, cloth, \$2.75. New York: E. B. Treat, 771 Broadway.

Well adapted for students' use. Definitions, worded with evident care, are for the most part placed immediately under the chapter titles.

The College of Physicians and Surgeons of New York, the College of Physicians and Surgeons of Baltimore, the Rush Medical College of Chicago, the College of Physicians and Surgeons of St. Louis, and the Medico-Chirurgical College of Philadelphia are said to have adopted this manual as a text-book.

*Annals of Surgery.* Balliere, Tindall & Cox, London; J. H. Chambers & Co., St. Louis. Upwards of 100 octavo pages, monthly, \$5 a year. Contributions from the best surgeons in the world. Copious resumé of surgical progress.

## PERSONALS.

—Mr. Lawson Tait, F.R.C.S., M.D., the eminent abdominal surgeon, well known in Albany, and personally to many of the physicians of this country, has been appointed Professor of Gynecology in the Queen's College, Birmingham, Eng. It will ever be a pleasure to the Alumni of the Albany Medical College that Mr. Tait delivered his first clinical lecture in that institution. Queen's college is to be congratulated in having secured him.

—Dr. Grant-Bey, who was the only member from Egypt present at the International Medical Congress, delivered two

lectures to the medical faculty and students of Albany College—one on Cholera, and the other on the Medicine and Surgery of Ancient Egypt. At the request of the President and Fellows of Harvard University, he also delivered a lecture on Ancient Egypt, at Boylston Hall, Cambridge, to a large gathering of professors and others. Dr. Grant is a learned Egyptologist, as well as an accomplished physician, whose services and many kindnesses to his fellow-countrymen visiting Cairo are well known and warmly remembered by a large body of friends and

patients, who will hear with pleasure of the distinguished reception which he has met at the hands of his American brethren.—*British Medical Journal*.

—Dr. T. D. Crothers ('65), superintendent of the Walnut Hill Asylum, Hartford, Conn., and editor of the *Quarterly Journal of Inebriety*, the organ of the American Association for the Cure of Inebriates, will deliver in the amphitheatre of the Albany Medical College, on the evenings of January 24 and 25, the first course of medical lectures on inebriety ever presented in this country. The first course on this subject was delivered in 1884 by Dr. Magnan, of St. Anne Hospital, Paris. The second course is now being delivered by Dr. Norman Kerr before the London Medical Society and students from the respective colleges.

To this course of lectures the profession at large are invited. The lectures will treat of the subject of inebriety and its causes; also pathology, treatment, etc. The doctor will probably deliver, later on, a third lecture on the "Medical Jurisprudence of Inebriety."

Dr. Crothers has made for himself a world-wide reputation on the subject of inebriety. His reception last summer in London, as previously noticed in the *ANNALS*, was very flattering indeed.

—It will be a great pleasure to the many friends of the late Dr. S. D. Willard, one who first suggested the publishing of the proceedings of the Albany County Medical Society in the form of the *MEDICAL ANNALS*, to learn that his eldest son is now a student of Mr. Savory, F.R.C.S.E., and pursuing his studies at St. Bartholomew's Hospital and College, London. He is a young man of great promise, and will probably make Albany his future home, where he will receive an earnest welcome.

—Dr. Charles H. Spring ('57), Boston, Mass., died December 9, 1887.

—Dr. J. Falk ('84), having especially devoted himself to the study of eye and ear diseases for a period of nearly three years at the Universities of Würzburg, Vienna, Breslau and Berlin, and after returning from Europe occupying himself with an assistanceship at the New York Ophthalmic and Aural Institute of Dr. H. Knapp, has located at 159 Franklin street, corner of Genesee, Buffalo, N. Y. Practice limited to diseases of the eye and ear.

—Dr. George W. Holding ('84) has moved from West Troy to 195 First street, Troy, N. Y.

—Dr. C. G. Hickey ('84) removed November 1, 1887, from Gaylordsville, Litchfield county, Conn., to Burden, Columbia county, N. Y., to accept the position of surgeon to the Hudson River Ore and Iron Company.

—Dr. David Gilliland ('85) is located at Marcellus, Onondaga county, N. Y.

—Dr. W. G. Steele ('86), Mongaup Valley, N. Y., is president of the Sullivan County Medical Society.

—Dr. J. S. Phillips ('87) has resigned as a staff physician at St. Peter's Hospital, to begin the practice of his profession in Amsterdam.

—Dr. Fred. C. Fink, resident physician at the almshouse, died suddenly Sunday, January 1, of heart disease. He was 27 years old, and the son of Michael Fink, superintendent of Washington Park. Dr. Fink was very popular in this circle in which he moved. His funeral occurred from his father's residence on the New Scotland plank road.

—George Boucher, Ph.G., Albany College of Pharmacy, located at 326 Clinton avenue, corner of Knox street, Albany, was married to Miss Minnie E. Grant, of Albany, Thursday, December 22, 1887.

# ALBANY MEDICAL ANNALS.

VOL. IX.

FEBRUARY, 1888.

No. 2.

## A REPORT OF UNUSUAL CASES OF REFLEX SUPRA-ORBITAL NEURALGIA.\*

By T. F. C. VAN ALLEN, M.D., ALBANY, N. Y.

(*Albany Medical College, '82.*)

I had intended to report a single case, but am able to add another through the kindness of Dr. C. S. Merrill and Dr. Henry Hun. This extra case, while differing very materially from my own, adds considerable interest, in that the same treatment proved efficient, and the removal of the centre of irritation cured the reflex disturbance.

The history of the first case is as follows: Mr. R. R., æt. 55, some fourteen or fifteen years ago, while washing his face, felt a prickling sensation in the right eye, as if some sharp, foreign body were present under the lid. This discomfort disappeared after a time. The eye was not particularly inflamed during this attack, neither was the sight noticeably diminished. A few days afterward he found that he could bring on this annoying sensation by rubbing the lower lid, and also discovered that the sight of the right eye was impaired, and its visual field divided by a very fine horizontal line. Previous to this time he was certain the vision of the eye was perfectly good. The prickling now became a burning pain that extended over the brow, and occasionally was felt at the inner canthus and over the malar region. These supra-orbital pains

gradually increased in severity, and the attacks in frequency. Sometimes he would not be troubled for four or five months, but the average immunity was four or five weeks. The attacks would consist of one, or more frequently of several seizures, which were described as terrific supra-orbital pain, that would last for three or four minutes, during which he was scarcely aware of the surroundings, and was said to undergo marked muscular contortions. He thought he could diminish the duration of the attacks by holding his breath.

About one year ago the pain was felt as far downward as the right superior canine tooth, but for the last ten months had been confined to the inner canthus and the supra-orbital region.

The attacks were apt to occur during the morning. Could never attribute them to visual effort. Two years ago a heavy limb of a falling tree struck him on the back. This injury and the neuralgia were the only instances of illness which he could remember. His only employment had been that of a farm laborer. During the last two weeks had been suffering greatly. Had five or six paroxysms every day. Claimed that

\* Read before the Medical Society of the County of Albany, Wednesday evening, January 11, 1888.



rubbing the lower eye-lid would provoke an attack; or even biting the lip was sufficient. Had seen a great many doctors, but none succeeded in giving him any appreciable relief, so that he had lost all faith in being cured. Saw a well-known specialist some nine months ago, but the one visit did not cure him, so he failed to return as directed. During the last week had been under the care of Dr. R. J. Brown, who had tried a number of anti-neuralgic remedies, including a course of arsenious acid, without any beneficial effect. Dr. Brown became suspicious of the eye, and brought the patient to my office, in September of the past year. A brother-in-law of the patient, who came with him, said he feared Mr. R. would destroy himself if something could not be done to give him relief. This last would certainly indicate that the suffering had been very great.

Mr. R. appeared to be a well-built man, healthy, except that his countenance bore evidence of recent suffering, and an expression of apprehension. The eyes had a normal appearance upon simple inspection. The vision of the right eye was limited to counting fingers in good light at five feet, and central vision seemed little better than eccentric. The vision of left eye was  $\frac{2}{3}$ , and the refraction was normal. It was impossible to map out the visual field of the right eye, as the patient feared it would cause an attack of pain, and would not exert himself, but the field seemed to cover a normal extent. The associated movement of the eyes seemed correct. The pupils were moderate in size and equal, but the right did not respond so promptly to light as the left. Tension of globes equal and normal. Bore pressure on right globe so long as lower lid was not touched. Pressure over the inferior

portion of the ciliary region did not cause pain, but made him feel as if an attack were coming on. He would not allow pressure on the lower lid, whether because of pain or the apprehension of it, I could not decide. Ophthalmoscopic examination showed the left fundus to be normal. The reflex of the right pupil was clear, but careful focusing showed a very delicate line, extending horizontally across the pupil, and situated upon the anterior capsule. What this line was, it is difficult to say. It might have been the remains of a pupillary membrane. It explained the causation of the line the patient had complained of. The lens was clear. The refraction of eye was normal. The optic disc was fairly healthy. The whole fundus showed evidences of previous choroiditis, and at the macular region a fine pigment stippling was noticeable. On looking downward as far as was possible with an undilated pupil, a large blood vessel, apparently in the vitreous, was seen, making its way towards the ciliary region. This vessel, and the evidence of tenderness of this portion of the ciliary zone, made me feel quite confident that the eye was a centre of irritation.

Firm pressure over the supra-orbital notch gave some pain.

The patient was told it was quite certain that a resection of the supra-orbital nerve, or enucleation of the eye, would cure his neuralgia. Wishing consultation, and an opportunity to observe the case, I asked Mr. R. to remain in the city, which he did, taking a room at St. Peter's hospital.

Mr. R. took a note from me to the house physician, explaining the case briefly, and asking him to do what he saw fit, if an attack occurred before I saw the patient the next morning.

I afterward learned that Mr. R. had a very severe attack on the way to the hospital, which he assured me was due to the examination. Had another soon after reaching the hospital, for which the house physician saw fit to inject thirty minims of ether into the supra-orbital tissue. This had no other effect than to provoke a severe local inflammation, and when I saw the patient the next morning he had *quite an eye*.

Dr. Henry Hun saw the case in consultation, and concurred in the opinion that the eye was the source of irritation. Advised the energetic use of a solution of atropine, dropped into the eye, to produce ciliary paralysis; covering the eye to exclude the light; giving  $\frac{1}{10}$ th of a grain of arsenious acid three times a day, and applying small blisters along the course of the supra-orbital nerve.

These suggestions were carefully followed, except the blistering, for the ether-injection seemed sufficient irritation.

I saw Mr. R. have two of the attacks. One came from arising too suddenly from a chair; the other was produced by touching the lower lid, when instilling a drop of atropine. During the seizures he suffered greatly. Held his breath until the countenance was livid. Would double himself up and hold his head between his knees. These attacks lasted for about three minutes. During them the pulse was rapid and irregular, but as the pain stopped, it would quickly regain its usual condition, and the patient would break out into a profuse sweat, which was confined to the face and neck.

After using the atropine for twenty-four hours, having on a protective bandage and taking the arsenious acid, he had no return of the pain until immediately after the operation, which I did a few days

afterward. The day following the commencement of the atropine, Dr. C. S. Merrill saw the patient with me. I had refrained from making any ophthalmoscopic examination since the one made in my office, because of the patient's dread of it. Dr. Merrill and myself now made a careful examination of the fundus of the eye. Dr. Merrill noticed, well below and near the periphery, a small circular surface that seemed elevated slightly above its surroundings, and gave a glistening reflex. Further examination revealed another similar irregularity, and the vessel I had previously noticed could be seen coming toward these elevations and passing between them. It required very careful focusing to make out these lesions, and their appearance gave only ground for conjecturing their import.

It would have been instructive to have watched the case for a sufficient length of time to have discovered which had been the responsible agent in controlling the pain, the atropine, the exclusion of light, or the arsenious acid, but Mr. R. was anxious to return to his home, and if it were fairly certain that removal of the eye would give him permanent relief, he wished it removed. His wishes and our best judgments coinciding, I enucleated the eye.

The only thing unusual about the operation was the prolonged after-excitement from the ether. The patient was almost unmanageable for over an hour, and the only sane remark which could be elicited from him was that his eye pained him more than it had ever done before. One-half grain of morphine was given hyperdermatically in two doses, and this finally quieted him. There was no return of any pain whatever after this, and the patient returned to his home four days after the operation.

I have not seen him since, but have heard from him several times, and each report has been that he was feeling splendidly, and had not had any pain whatever.

Opening the globe and carefully examining the interior, two hemispherical elevations were discovered, situated below and anterior to the equator of the globe. They reflected the light markedly, and had a glistening appearance; their surfaces seemed continuous with the adjacent retina, so far as texture was concerned. The diameter of the larger of these elevations was about 3mm., that of the other 2mm. Examined by direct light their surfaces showed a slight bluish tinge. The choroid showed plainly through them. Between them was a large blood vessel that was in the retinal tissue. It appeared to be a loop that arose from and proceeded to deeper tissue. Starting from this vascular loop, and extending forward to a ciliary process to which it was attached, was a thin band of tissue. The ciliary process to which this attachment occurred was matted to the adjoining one. The mediae were all transparent, and apparently healthy. During another examination, when a  $\frac{1}{2}$ -inch Coddington lens was used, a third cyst, for I think they may be so called, was found. It was a very small one. This I pricked with a needle, and found it to contain a thin, clear fluid. The eye was placed in Mueller's fluid, and after sufficient hardening, an attempt was made to cut sections from it. Possibly if the tissue had been embedded in celluloidin, the attempt might have succeeded, but the freezing microtome was used, and the success was negative. It would have been of great interest to have been able to have demonstrated the pathological condition that was present.

Now it can only be conjectured. Macroscopical examination rendered it very probable that the choroid underlying the cysts was not connected with them. The retina certainly passed over them, and might have surrounded them. Whether they were cysts of the retina, and the results of cystic degeneration of the retina, the microscope alone could have answered. The condition of the ciliary body, and the ophthalmoscopic appearance of the choroid, indicated that the eye had been the seat of intra-ocular inflammation, that dated back several years at least.

The other case can be briefly reported as follows: Mr. C. A. H., æt. 39, applied to Dr. C. S. Merrill Jan. 9, 1883, seeking relief from severe supra-orbital headaches. The patient gave the following history: When a small boy, was struck upon the head by a falling tree, was unconscious, and afterward troubled with sore throat. About this time he commenced to have severe headaches, which have afflicted him ever since. When he was twelve years old he noticed for the first time that the left eye turned inward during the attacks, and would remain so for from twelve to forty-eight hours, then returning to normal position, and retaining it until the next headache occurred. He found that the headaches were confined to the left side of the head. At the age of sixteen the eye turned inward and remained so. The headaches appeared at intervals of from one to three weeks. When the intervals were short, the attacks lasted about twenty-four hours, but when the intervals were longer, they would continue two or three days. The attacks were invariably accompanied by nausea and vomiting. He had had the internal rectus cut, but the eye turned in more markedly after it than



before. Had also had the supra-orbital nerve cut without any beneficial result. Examination revealed the condition to be as follows: Vision of the right eye,  $\frac{2}{30}$ ths, of the left eye,  $\frac{2}{70}$ ths. In reading could only use the right eye, and after reading a short time the left eye ached. If he persisted in reading, a headache was produced. Great physical exertion had the same effect. The left eye was turned in markedly. There was no outward movement of this eye, the condition being paralysis of the external rectus, and secondary contraction of the opposing internus. The refraction was normal. Ophthalmoscopic examination was negative. Dr. Henry Hun saw the case in consultation, and advised the use of a solution of atropine in the left eye, regarding the supra-orbital pains as reflected from the eye, and the eye irritated by activity of the ciliary muscle. Atropine solution was instilled frequently for four days. The patient then reported that he had used the right eye almost constantly, and had tried to bring on attacks, but could not. Soon after this the atropine was thought to have produced some digestive disturbances, and its use was decreased. The result was that the pains commenced to appear again. In one instance an attack was cut short by instilling a few drops of atropine. The patient was dissatisfied with the constant use of drops, and preferred the alternative of enucleation, which Dr. Merrill performed Jan. 28, 1883. Several reports were received from Mr. H. during the year, and in all these he expressed himself as delighted in that he was rid of the eye and the pain.

The iris and ciliary body receive their nervous supply from the short and the long ciliary nerves. The short ciliary arise from the ophthalmic or ciliary ganglion. This ganglion is made up by a

short motor root from the third cranial nerve, and by a long sensory root from the nasal branch of the ophthalmic division of the fifth, or tri-geminal nerve; also receiving a twig from the cavernous plexus of the sympathetic system. The long ciliary nerves impart sensation alone, are branches of the nasal branch of the ophthalmic division of the fifth, and are the next branches leaving the nasal after it gives off the long root to the ciliary ganglion. These various nerves arrange themselves into a sort of anastomosing circular plexus in the ciliary body; the ciliary muscle and iris receiving their nerve twigs from this. It is quite easy to appreciate how any long continued irritation of the iris, and more particularly the ciliary body, may reflexly give rise to neuralgia of any of the branches of the ophthalmic division of the fifth cranial nerve.

The two cases very clearly show the neuralgia to have been reflex. The second case, particularly, indicates the irritation to have been caused by the accommodative action of an irritable ciliary zone. The first case was probably very similar so far as the reflex neuralgia was concerned.

#### DISCUSSION.

[REPORTED BY T. F. C. VAN ALLEN, M.D., SECRETARY.]

Dr. C. M. CULVER said the subject which Dr. Van Allen had so interestingly given was of paramount importance to the profession. He did not mean that reflex disturbances from the eyes were the only ones of importance, but all reflex diseases and irritations were deserving of far more consideration than they had yet received. The paper very clearly proved the eye to have been the seat of the irritation in each of the cases reported. The department of ophthalmology appreciated the subject of reflex irritation more than any other department of medicine. He noticed in the last number of the *American Archives*, which he had not yet had opportunity to read, two articles describing reflex trouble, in which the eye was finally irritated, and not the

starting point. Every communication upon these cases of reflex disturbance was of great value, for it was upon just such articles that, in time, we would be able to formulate much valuable information concerning these obscure disorders. Had had a case that, while not similar to those reported, yet it illustrated one important form of reflex irritation, and as it described a reflex disorder of the eye, it was a valuable case to report, for ophthalmologists were unjustly accused of monopolizing the subject of primary ocular irritation.

The case was this: Had a call from a patient having an attack of acute catarrhal conjunctivitis. This was given the classical treatment of mild astringent applications, and a refractive error was corrected by suitable spectacles, but this treatment did not relieve the conjunctivitis. Found that the patient had some form of nasal trouble, and asked him to call his physician's attention to it, as it was believed the irritation of his eyes was due to this nasal disorder. The correctness of this belief was proven, when, sometime afterward, the patient returned cured of the conjunctivitis, and brought with him what appeared to be a dried membranous cast of the turbinated bones. He stated that eight of these had been cast off while he was under treatment for the nasal disease.

Dr. G. S. MUNSON said he, of course, took interest in the subject of reflex neuralgias, especially those occurring around the eye or ear. Had had some experience with a case somewhat similar to those reported by Dr. Van Allen. Recalled a case of a young lady from Ballston, N. Y., who came to him to have an eye removed. She seemed to have considerable trouble in opening the lids. Ophthalmoscopic examination showed nothing wrong about the internal appearance of the eye, but she insisted that the eye must be removed, on account of the severe supra-orbital pain from which she constantly suffered. She said the eye was perfectly blind. Not believing this last statement, an examination was made by holding a prism, base up, before the good eye. This caused her to see double, proving that she was using the other eye. Obstruction of a portion of the field when she was reading gave a similar result. Examination showed

that a back tooth was the probable source of the irritation, and its removal was advised. It was proven to the patient that she had very good sight in the eye, and after a great deal of persuasion she consented to have the tooth removed. The result was that the neuralgia disappeared.

A case similar in some respects to the one reported by Dr. Culver was that of a young lady who came to him from Schenectady, suffering with a constant redness of the eyes and lids, which was more annoying than painful. This redness would rarely disappear, and always returned again. Examination convinced him that the use of spectacles would obviate her trouble, but she was opposed to wearing them. A simple wash was prescribed. This, as he had anticipated, did no good, and finally the patient was fitted with spectacles, which cured the redness in a very short time. He remembered another case where a lady had conjunctivitis of but one eye, and this was cured by the use of spectacles. These cases, of course, had no supra-orbital neuralgia.

Dr. CULVER wished to add that he had had two cases of severe supra-orbital neuralgia in middle-aged women, where enucleation had given relief. He would not give the histories of them now, as he intended to report the cases at some future time. Would also add the expression of approval of the excellent idea, adopted in the paper, of giving the bit of anatomy concerned, as it materially aided the understanding of the conditions described.

Dr. VAN ALLEN said that Dr. Gruening, of New York city, was one of the first to call attention to ocular disturbance from nasal irritation, and an article by him, upon this subject, would be found in the last volume of "Knapp's Archives." He had hoped some one would express an opinion concerning the probable pathological condition of the eye in the first case reported. Had not had the opportunity to look up the literature on the subject, but could not remember having read of any similar condition. The cases of conjunctivitis relieved by wearing spectacles were not often purely reflex, but there were cases where refractive errors produced severe supra-orbital neuralgia, which was undoubtedly reflex.

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"AND if thy right eye offend thee, pluck it out, and cast it from thee; for it is profitable for thee that one of thy

members should perish, and not that thy whole body should be cast into the grave."—*Matthew 5:29.*

## LACERATION OF THE PERINEUM IN CHILDBIRTH AVOIDABLE.\*

By SELWYN A. RUSSELL, M.D., ALBANY, N. Y.

*(Albany Medical College, '77.)*

The vexed question of perineal preservation is one of unceasing interest to the medical man, for the reason that by all, or nearly all, the methods now generally employed to prevent laceration of this structure, laceration too often takes place.

It has been said that "he who preserves from rupture a perineum which is in peril, shows more skill than he who successfully repairs a perineum which has been ruptured."

I have not time to describe, nor have you patience to hear, of the diverse methods used by one and another to prevent rupture. Writers on the subject may be classified into six groups, and their plans are as follows:

1. Retardation of the head to allow time and repeated pressure to distend the perineum. (Goodell, Sawyer, Duncan, and others.)

2. Methods which aim at protection by applying direct to the perineum some artificial means of support. (Barnes, Playfair, Ramsbotham, Gairdner, Garriques, and others.)

3. Methods which combine the two, in that they retard the head at the same time there is afforded direct support to the perineum. (Parvin, Schroeder, Luck, Hodge, and others.)

4. There are some who, following neither of the above methods, yet try to accomplish the same result by means of forcible dilatation of the vulvar and vaginal outlets with the finger, at the same time practicing a process of enucleation. (Ritgen, Ahlfeld, Olshausen, Smellie.)

5. Episiotomy; probably not advocated by any one to the entire exclusion of all other methods, and chiefly used in cases of impending rupture. This practice has found able advocates in Baker, Tyler Smith, Cazeaux, Simpson, Luck, and others.

6. The last, and least in number, includes such as abstain from any interference, and let the perineum religiously alone. They say that interference may not only do no good, but may do actual harm. (Leishman and Hewitt.)

It is plain that by far the greater number believe in some method or other to preserve the perineum, and methods which combine the retardation of the head, and therefore stretching of the perineum, meet with most favor.

Now the object of my remarks is to describe how this retardation is best accomplished, also how to perform episiotomy in cases of necessity.

In a contribution to *The Medical Record*, July 18, 1885, I described the method I employ to prevent perineal laceration:

"The woman should be delivered on the left side. As she lies obliquely across the bed with the hips on the right edge, the nurse supporting the raised right knee, the physician sits behind, his left hand between the thighs and covering the vulva; the right, with a towel intervening, covers the perineum, though never hiding it from view. As the head is pushed down by the uterine contractions and the voluntary efforts of the woman, it is held from advancing too far, if necessary, by clasping the hands firmly

\* Read before the Medical Society of the County of Albany, Wednesday evening, November 16, 1887.



against it. When the head has advanced far enough, and the parts are sufficiently dilated, it is slowly and carefully shelled out between the pains, the woman assisting, if necessary, by voluntary expulsive efforts, as directed by the physician. Care should then be taken that the shoulders do not cause the injury the head has been prevented from producing."

In the statistics gathered by Marston, and published in the *American Journal of Obstetrics*, March, 1885, it appears that ruptures occur in from 4 to 22 per cent. of cases, as seen from Montford, Hildebrandt, Hecker, Preites, Spiegelberg. Lusk, after Olshausen, says 15 per cent. Whereas, with Marston himself, at the Vienna clinic, in 957 cases of primiparæ, but two cases of posterior laceration are recorded as occurring after episiotomy. In these 957 cases, there were 22 spontaneous ruptures ( $\frac{1}{4}$  of 1 per cent.); there were 38 episiotomies made, and but 2 ruptures in spite of incision.

Prof. Credé gives an analysis of 1,000 cases of primiparæ as follows:

Lateral incisions.....	259, or 26 per cent.
Spontaneous ruptures.....	104, or 10 "
Ruptures in spite of incision,	29, or 2.9 "

From this it is seen that but 29 ruptures took place in 259 incisions, thus saving 230 perineums from otherwise certain laceration.

Credé found, further, that laceration diminished in frequency in proportion to the frequency of lateral incisions. Of five assistants, the one who resorted oftenest to episiotomy had the fewest ruptures:

10 per cent.....	21 per cent.
20 " .....	12 "
26 " .....	11 "
28 " .....	7.4 "
32 " .....	7.2 "

Of all these cases, not one of total rupture is recorded.

I think it is safe to say, leaving out of consideration the cases in which ruptures due to malformations, cicatrices, unusual size of head, etc., that the tearing of the parts in question is almost always not only avoidable, but its occurrence is frequently a serious reflection on the care of the medical attendant.

In the wards of Braun and Spaeth, Vienna, also in practice, I have seen many perineums preserved, and have saved many myself, and I feel able, therefore, from both observation and experience, to bear witness to the usefulness of efforts aimed at preservation. The more simple measures failing, recourse should be had to episiotomy—that is, incising the margin of the vulva.

#### DISCUSSION.

[REPORTED BY T. F. C. VAN ALLEN, M.D., SECRETARY.]

President TOWNSEND spoke of the general interest of the subject. The objections to the mode recommended of supporting the perineum were that the part would be covered by the towel, and it was important to have the perineum in view, so that its condition could be watched, but supporting the head through the towel the force could not be so well regulated. Goodell's method of inserting two fingers in the rectum, with the hand supporting the perineum, and the thumb pressing the head forward towards the symphysis, was an excellent plan. Considered it important to give an anæsthetic, as it would do very much toward saving the perineum. The objection to episiotomy was leaving a raw surface to be bathed by septic material.

Dr. F. C. CURTIS spoke of the advantage to be gained by pressing back the head in the intervals of pains, by which means the perineum is more gradually dilated, and thus protected from rupture, which is rendered specially liable by precipitate labor.

Dr. L. E. BLAIR said the method advocated by Dr. Russell's paper was quite similar to the plan of Dr. Lusk. Prof. Breisky, who practiced episiotomy, noticed that the young men in his clinic were apt to nick too soon, making the parts more likely to tear; so, while attempting to avoid one evil, they caused another. Nicking should only be used as a last resort, when the labor was precipitous, and laceration seemed

inevitable. It was very important to crowd the head forward; as much as one-third of an inch was often gained by this. A frequent cause of laceration was that the patient rested on a soft bed, the buttocks sunk down, and the physician could not see nor get at the parts. Noticed that in the large hospitals on the continent they had firm wedge-shaped cushions, and these were placed under the buttocks during the second stage of the labor. Also noticed that in the continental clinics the head was supported, not the perineum. Goodell's method of rectal insertion of the fingers did not help, as the tension was only changed in direction; besides, the fingers became septic. Pushing the head forward and supporting the head were the modern methods.

Dr. E. A. BARTLETT: In large hospitals where conveniences were at hand, the results and management differed much from other cases, in the surroundings that so frequently existed in general practice. Did not believe in luck. Thought we often had to work under unfavorable circumstances. The pressing back of the head, when it could be done, was the best method of saving the perineum; episiotomy, only as a last resort; for, as President Townsend remarked, we left a chance for infection. Any method by which the head is retarded, and the perineum gradually stretched, was proper; and these objects were more readily accomplished by an anæsthetic than in any other way. Objections were largely in the nature of bugbears. We could safely pre-

vent pain to the patient and laceration of the parts by use of a proper anæsthetic.

Dr. RUSSELL said there was no better way of holding back the head than the method described. Septic infection at the points of nicking was not worth considering, as they were above the level of drainage and closed by suture. The towel covered only the anus; the perineum was well in sight. The head was allowed to come down and distend the perineum, but not to come out.

President TOWNSEND inquired in regard to nicking, if made high up, how would it increase the diameters? If low down, it would lessen the muscular tension. How high up would Dr. Russell make the incisions?

Dr. RUSSELL replied about an inch above the middle of the fourchette.

President TOWNSEND did not think this above the liability of infection. Matthews Duncan said the advancing head did not always rupture the parts, but more frequently the inferior shoulder plowed its way through the posterior vaginal wall and ruptured the perineum.

Dr. RUSSELL said that by the method he had described the physician could watch the perineum, could see when rupture commenced, and could stop it, so absolute was the control the method gave one over the head.

Dr. BLAIR said that Lusk stated that the nicking should be made in the line of the muscular constriction, and should be made in the intervals of rest between the pains.

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## THE DANGERS OF HEMORRHAGE AFTER TONSILLOTOMY.\*

By LOUIS E. BLAIR, M.D., ALBANY, N. Y.

(*Albany Medical College, '87.*)

The operation of excising hypertrophied tonsils has generally been considered as a simple one and quite free from danger. But now and then occur cases which cause one to change this favorable opinion and to look upon the operation with more seriousness and gravity. It has been my experience in the past three months to have met with two very troublesome cases, where the hemorrhage was not only very profuse, but also alarming, and required considerable time and

careful manipulation to control it. The report of the cases may act as a caution that before operating it would be well to have means for controlling hemorrhage ready and at hand, so that no unnecessary time need be lost in looking for hemostatic forceps, sponges, ice, actual cautery, and other things, when the profuse bleeding occurs.

CASE I.—DeWitt W., æt. 21, had suffered repeatedly with attacks of quinsy sore throat, and had been troubled with

\* Read before the Medical Society of the County of Albany, Wednesday evening, December 28, 1887.

a chronic hypertrophic catarrh of the nose and throat for years. The tonsils were very much enlarged, almost touching the uvula. Before operating, three parenchymatous injections of a ten per cent. solution of cocaine were made for the purpose of anæsthesia and to control the bleeding, and after waiting a suitable length of time, I proceeded to remove them with Matthieu's tonsillotome. The right tonsil came away easily with the instrument, and the bleeding was very slight. The left tonsil seemed to be very hard and fibrous, and was, besides, attached to both arches of the palate. The instrument cut through with difficulty, and as soon as the tonsil was severed from its base the hemorrhage was very profuse. I applied pledgets of cotton soaked in a twenty per cent. solution of cocaine, thinking that its constricting effect on the vessels would be amply sufficient to control the bleeding. For a brief time it had the desired effect, but, as soon as the effect of the drug passed off, the bleeding returned again as sharp as in the beginning. Ice, a sixty-grain solution of nitrate of silver, the solid stick, and gargles of tannic acid were tried, all of which seemed to have but little effect. Monsel's solution was also used, and it makes a very disagreeable application. It blackens the teeth and mucous membrane, renders it difficult to see the field of operation, and it is also very irritating to the fauces. Pressure alone, constantly applied, had the best effect, and after three hours the bleeding was controlled. Four hours afterwards it started afresh and was quite profuse. I was called at two in the morning, and found that the patient had lost considerable blood and was quite pale and faint. I made pressure again, and soon had the bleeding under control. An ice poultice was applied to the angle

of the jaw, and after this there was no further trouble. Ice and compression accomplished what cocaine, caustics and astringents failed to do. After this troublesome bleeding the patient made a rapid recovery, being only weak from the loss of blood. In this case the bleeding recurred at short intervals for twelve hours.

CASE II.—Charles R., æt 27, had likewise very large tonsils, so that in speaking his voice was very much muffled. He had repeated attacks of tonsillitis, and to get rid of these attacks he desired to have the tonsils removed. Like the first case, the tonsils were noticeably hard and resisting, fibrous in nature from repeated inflammatory attacks. Before applying the tonsillotome, deep injections of a twenty per cent. solution of cocaine were made for the purpose of anæsthesia and to restrain bleeding. I operated on the right one at first. Just as the tonsil was severed the blood came welling out of the mouth and in a stream, and for the moment I believed that a large vessel had been severed. The patient could not empty his mouth of the blood as fast as it would fill. Some entered the larynx, which provoked a fit of severe coughing and embarrassed the circumstances very much, and he exclaimed that he believed he would bleed to death, and was very anxious indeed, as his countenance showed. The hemorrhage, for a few moments, was very severe and alarming, and I feared that some large vessel or abnormal branch of the carotid had been wounded, and the impression it made on me I will not soon forget. For the instant I believed the hemorrhage would be fatal. I at once thrust my thumb into the mouth and made firm pressure against the neck, which had the effect of checking the hemorrhage considerably. Pres-



sure was kept up for some time, and then astringent applications were applied to the bleeding surface, but with little effect. In succession Monsel's solution, ice, tannic acid, nitrate of silver, were used, and were only successful when applied with pressure. After four hours, the bleeding was finally controlled by pressure alone, which was kept up constantly during that time.

Sajous, Seiler and Mackenzie mention similar cases, and remark that where the bleeding is profuse and recurrent, pressure is to be relied upon in preference to all other means. There was no secondary hemorrhage after this, and the patient made a rapid and complete recovery.

Fatal hemorrhages, after tonsillotomy, have been recorded. Mackenzie, in his very interesting account of the history of the operation, remarks that Velpeau has reported four fatal cases in which the internal carotid artery was laid open whilst a portion of the tonsil was being cut away with a bistoury, and a few years ago Mr. McCarthy successfully tied the common carotid artery, at the London Hospital, in the case of a patient suffering from continuous hemorrhage after excision of a tonsil. Mackenzie also says that even when the carotid has not been injured, continuous bleeding may end one's life, and that he had such an experience. Since then, however, with the use of his tannic-gallic acid gargle, he has had no trouble in checking hemorrhage. The formula consists of tannic acid, six drachms; gallic acid, two drachms; distilled water, one ounce. Half a teaspoonful of this syrupy fluid is slowly sipped, and, in the act of swallowing, this powerful astringent is pressed into the cut surface, and is very effectual. Sajous reports two cases where he was greatly troubled and alarmed over the continu-

ous and serious bleeding. One case bled, with slight intermissions, for nearly fifteen hours; and in the other, torsion of the tonsillar artery was successfully made, after all ordinary means failed. He says in his interesting work: "Before I had these two cases I was inclined to consider the danger of hemorrhage as overrated. Since then I have come to the conclusion that I was wrong, and that the likelihood of its occurrence should be borne in mind, especially since a number of cases are on record in which a fatal result could not be prevented." The two cases which I have presented are, of course, exceptional ones, but as both occurred within so short a time, they have impressed me with the importance of being prepared, at least, for such an emergency, and to have at hand hæmostatic forceps, probang holders and a thermo-cautery.

Lennox Browne, in his new edition, says: "Regarding the question of hemorrhage, I can but say that it has been most rare in my experience, and I have only seen and known of three cases in my own practice and that of colleagues, during a period of nearly twenty years, in which the bleeding has been serious."

Lefferts, who has treated this subject with some detail, and with impartiality, takes a more serious view of the question; he thus summarizes his experience: That, though the operation of tonsillotomy, thoroughly performed, is usually unattended by untoward result, still it is not entirely free from alarming, sometimes dangerous, results; and that, though these be the exception, they should not be ignored; and that the surgeon must always be prepared, both mentally and manually, to cope with a hemorrhage that may unexpectedly occur. The measure particularly recom-

mended by Lefferts is pressure within the mouth and counter-pressure outside.

Lennox Browne thinks that all the fatal results after tonsillotomy are due to the use of a bistoury, and that the operation is by far safer with the guillotine. He thinks it is impossible to determine whether excessive hemorrhage, when it occurs, depends on an increased vascularity, due to the general hypertrophy, to an abnormally superficial distribution of the tonsillar artery, or, where a bistoury is used, to a wounding of this vessel at its anastomosis with the lingual.

Recently the medical journals have contained articles calling attention to such accidental cases of hemorrhage with alarming symptoms. Dr. Llewellyn, of Washington, reported a case of troublesome hemorrhage after the amputation of the uvula, and others have reported a like experience, and caution the unwary physician not to look too lightly upon this operation, which is often put off with a few words in text-books. Seiler, for instance, says in his manual that the hemorrhage is trifling, and a simple gargle of ice-water is usually sufficient. The *American Medical Digest* for October contains an abstract from a paper by Dr. R. Saint Germain, of Paris, who commends igni-puncture of the tonsils as a substitute for tonsillotomy, an operation not free from the possibility of fatal accidents. The mere mention of uncontrollable hemorrhage and diphtheritic invasion of the wound makes it clear that the operation is not so free from danger as many suppose. He regards igni-puncture with a thermo-cautery hook as an appreciable surgical advance. In all operations upon the tonsils it would be well to remember the close proximity of the internal carotid and ascending pharyngeal arteries to their

outer side. Nothing intervenes but the pharyngeal aponeurosis and the superior constrictor of the pharynx. Hence the rule in operating on the tonsils always to direct the point of the bistoury inwards. In troublesome hemorrhage, after tonsillotomy, it is well to know that the tonsils are accessible to pressure, if necessary, by means of a padded stick, or even the finger.

As regards the causes of hemorrhage, age must be considered. Bleeding is more to be expected in adults than in children: the vessels are larger, and clots in the vessels cannot form so readily. Again, when the tonsillar tissue is hard and dense from repeated inflammatory attacks, the connective tissue is dense, and its fibrous elements are very much increased, and in consequence the divided vessels are apt to be kept open by the adherence of this new structure.

The use of cocaine in throat practice I believe is always a very potent cause of hemorrhage, on account of its accidental secondary effects on the walls of the vessels. So far as producing anæsthesia and facilitating manipulations on the throat, besides producing a temporary anæmia of the parts where it is applied, are all well-known properties of the drug, and very valuable ones, too. But after the first effects pass off, occasionally the vessels seem to be paralyzed for a time, and the contractility is greatly diminished, while the vessels remaining open, provoke a profuse bleeding. This was seemingly the result of the cocaine in these two cases. It was injected into the parenchyma of the tonsils for the purpose mostly of controlling hemorrhage, but had in reality the opposite effect. Since then I have not used cocaine for a like purpose, and the bleeding has only been trifling. This effect of

cocaine has not been noted before as I am aware of, and Dr. Townsend gave it as his opinion that it was a powerful cause of the after-bleeding.

As regards the means of controlling hemorrhage, pressure is probably the best, and has the endorsement of some of the best writers. The cut surface is quite accessible to pressure by means of a padded stick or a long dressing-forceps carrying a wad of cotton. It is, of course, a tedious matter, both for the patient to have this manipulation kept up for any length of time, and it is likewise rather tiresome for the physician. It would be well in all cases to apply first Mackenzie's tannic-gallic acid wash immediately after the tonsil is removed, and if that does not avail, then to depend upon pressure in preference to every thing else. In operating with a tonsillotome, there is not the liability to wound neighboring structures as with a bistoury, but still with this instrument fatal hemorrhage has occurred. If there should be a bleeding point after the hemorrhage has been well controlled by pressure, the application of the thermo-cautery will be effectual. Arterial sedatives may be also given to allay the nervous action of the heart so as to make the patient feel more comfortable.

Authorities consulted: "Browne on Diseases of the Throat," second edition; "Seiler on Diseases of the Throat," second edition; "Sajous on Diseases of Nose and Throat," Mackenzie: "Œsophagus, Nose and Naso-pharynx," 1883; Mackenzie: "Larynx, Pharynx and Trachea," 1880; Solis Cohen: "Diseases of Throat," 1885; Gottstein: "Diseases of the Throat," 1885; *The Medical Record*, 1887, Vol. 32; *The Medical Digest*, 1887, Vol. 6; Lefferts, "Transactions of American Laryngological Association," 1884.

## DISCUSSION.

[REPORTED BY T. F. C. VAN ALLEN, M.D., SECRETARY.]

President TOWNSEND said he had seen both of Dr. Blair's cases. In one of these, certainly, the hemorrhage was dangerous. Cocaine had been used in both to control the hemorrhage. In the last case, evidently a large branch of the tonsillar artery had been cut. Paquelin's cautery was gotten ready, but it was not used. Thought the cautery would be the best means of controlling such hemorrhage. A ligature around the tonsil would seem to be of service. The tonsil, when much hypertrophied, would offer a good support for a ligature, or an Emmet spring ligature; then the tissue should be cut in front of the ligature and the ligature left for a time. The tense tissue of some hypertrophied tonsils might explain the severe hemorrhage, the calibre of the vessels being held open by the firm tissue. Ice compresses outside could be used and seemed to do good. The apparatus Dr. Blair had devised hastily, to apply ice in the case of his last patient, was very ingenious and useful. The muscular tire of keeping up constant pressure was very great, and some mechanical means of doing it would be of great service.

Dr. JOHN THOMPSON was not a surgeon, but had had nineteen years of experience, and had seen a great many enlarged tonsils. Never had seen a case where he considered it necessary to cut out a tonsil. Enlargement sometimes continued for months, but yielded to persistent treatment. Asked Dr. Vander Veer how long a time an enlarged tonsil should be left before it was operated upon.

Dr. A. VANDER VEER said that Dr. Blair's cases, so honestly reported, were of a nature that was always interesting to him. He had a friend, years ago, who was operated upon by Dr. Alden March. The operation was done at Dr. March's office, and was followed by quite a little hemorrhage. The doctor advised him to go to his hotel and lie down, and the hemorrhage would soon stop. Dr. March was soon sent word that his patient was dying. Applications were used, and the hemorrhage was controlled. The patient finally recovered, though he had lost a great quantity of blood. As the result of this experience, when he commenced operating in these cases he always had hæmostatic measures at hand. As a rule, hemorrhage was slight and easily controlled, but he had had one case where the bleeding was very profuse. Dr. Powell, of Toronto, had made some excellent suggestions for management of these cases, and advocated pressure. The probang should carry a fine



firm sponge, and pressure should be exerted directly against the bleeding surface. Lateral pressure did not control as well as pressure backwards. Pressure in any form was the best measure.

Dr. Vander Veer preferred to use a curved probang instead of the usual straight form.

Asked Dr. Townsend if in his experience the thermo-cautery could well be used in the mouth.

President TOWNSEND replied that he had used it in the mouth, and had no great difficulty.

Dr. VANDER VEER had used it on the tongue, when the patient complained bitterly of the heat.

Dr. TOWNSEND thought the patient was so pleased to have the hemorrhage stopped that he did not mind the inconvenience of a little heat.

Dr. VANDER VEER, in reply to Dr. Thomson, thought the operation not done so much as it was a few years ago. Cases were now frequently treated with Vienna paste and caustic applications. Removal by bistoury was not so frequently done at present as in past years. Thought the tonsillotome better and safer. The subject of puncturing the tonsil in case of abscess was an important one, as the course of the internal carotid was sometimes abnormal or changed. Spoke of a case of one of our friends, who punctured the tonsil with a bistoury; this was followed by a spurt of blood, and before the hemorrhage could be arrested the patient died in the doctor's office. The internal carotid was cut; thought it must have occupied an unusual position.

Dr. THOMPSON thanked Dr. Vander Veer, but the doctor did not answer his question, viz., how long should the tonsil be left before operating?

Dr. VANDER VEER replied that the tonsil should be operated upon so soon as it presented a hypertrophied condition. There was a condition in which the tonsil might be enlarged at times and be almost normal in size at other times. This condition would frequently yield to applications, as it is not true hypertrophy.

Dr. THOMPSON differed most emphatically. Thought the cases should be examined carefully as to the presence of tuberculosis. Improper nutrition had much to do with tonsillar enlargement. Never saw a case in which he could not reduce the tonsil in time.

President TOWNSEND neglected to say what he wished in regard to the use of cocaine and its effect upon hemorrhage. The effect of cocaine upon all mucous membranes was to contract the vessels, but when the reaction occurred, the vessels dilated to nearly twice their normal size; therefore, after hemorrhage might be greater, as the result of its

use. In a German work cocaine is spoken of as essential, and from reading this Dr. Blair might have gained the idea of using it for controlling the hemorrhage, but the author of this work, a few pages further on, mentions that it might increase the hemorrhage.

There was a variety of enlarged tonsil due to a rheumatic or gouty diathesis; in those cases treatment would cause the enlargement to go down, and an application of powdered guaiac was very efficient.

Dr. VAN ALLEN had never removed many tonsils—but three, he thought. The account of Dr. Blair's cases reminded him of one in which the bistoury was used and the greater part of the hypertrophied tonsil cut away. The hemorrhage was alarming, and the necessity caused the invention of some means of quickly checking it. A long-bladed polypus dressing forceps was taken, one blade wrapped with a firm roll of absorbent cotton; this blade was pressed against the cut surface and the other against a folded towel on the outside, the handles of the forceps being pressed firmly. This pressure was tiresome, and after a few minutes a strong elastic band was stretched over the handles and the apparatus allowed to remain for nearly an hour. This controlled the hemorrhage perfectly, and no further trouble was had after its removal.

Dr. T. P. BAILEY had twice seen it stated by different men that when the tonsils had been removed in early life, the procreative power had failed to develop. He asked if the members had ever found this to be the case.

Dr. LORENZO HALE reported a case that would seem to prove this; in this case not the slightest particle of tonsil tissue could be seen.

Dr. TOWNSEND knew of a case which would subvert the theory.

Dr. BLAIR said the function of the tonsil was uncertain. One writer said that the tonsils should not project enough to be seen; when they did they were hypertrophied. Cases of chronic laryngitis, naso- or pharyngeal inflammation could not be cured so long as there was an enlarged tonsil. At the age of forty the tonsil commenced to atrophy, so an enlarged tonsil would grow smaller, even normal in size, at this age, because of glandular atrophy. The cure of some of Dr. Thompson's cases might be explained upon this premise. Dr. Mackenzie had given up the use of London paste in treating hypertrophied tonsils, not finding it satisfactory. Tonsils could be reduced by application of nitrate of silver on a probe, and the tonsil honeycombed with this. This method does the work very safely, but it was slow.

Dr. VANDER VEER found patients often came to a physician, alarmed by the appearance of white patches on the tonsils,—nothing more than cheesy matter caused by the excreting ducts being blocked. The removal of these accumulations would often reduce the enlarged gland. Could personally vouch for the atrophy of the tonsil; those of his own, which used to annoy him considerably years ago, had gone down very much during the last ten years. He asked Dr. Thompson if he was really satisfied that medical treatment would cure these hypertrophied tonsils and what had been the treatment he had used.

Dr. THOMPSON was certain that treatment was of service. Had snipped the surface, scarified it, used pressure with his thumb, the last with excellent results. The idea was to get up a local irritation in addition to making suitable applications. Had never followed up the cases, so could not say how long it takes. After improvement the patients disappeared, until they were troubled again.

Dr. D. W. HOUSTON, of Cohoes, recently had read an article in which it was noticed that en-

largement and inflammation of the tonsils was frequent in young married people. He asked Dr. BLAIR if he removed the whole of the tonsil.

Dr. BLAIR replied that he did.

Dr. HOUSTON did not do it; thought it unnecessary, as the stump left would atrophy, and if a portion of the tonsils were removed it was sufficient.

Dr. BLAIR did not intend to present the importance of removing the tonsils, but the necessity of being prepared for the possible accident of serious hemorrhage. Thought that a stump might be left; it would be less likely to be followed by serious hemorrhage.

Dr. H. S. PAINE called attention to the fact that the Mathieu tonsillitome, with its transfixing hook, pulled out the tonsil too much; the result was that the cut surface was concave, and also that the likelihood of cutting the larger vessels was much greater on account of this mechanism. He understood that a straight instrument, cutting backward and without the lever transfixing motion, was used in most of the New York city clinics.

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## ABSTRACTA.

**THE QUESTION OF ABCISSION OF THE TONSILS.**—The ill effects of enlarged tonsils are mechanical in nature and due to interference with function by *mechanical obstruction* chiefly.

It may then be laid down as a rule that when enlarged tonsils are interfering with proper respiration or hearing, or are subject to relapsing acute inflammations, they should be removed. When the voice is impaired by them, it might be optional, depending on the patient's occupation. It should be borne in mind that, if long continued, the ill effects of enlarged tonsils are *permanent* in their nature.

When the general health is not impaired and there is no interference with important functions, the tonsils may be submitted to medicinal treatment. The drug I have found most useful in causing tonsils to subside is *Hydrastis Canadensis*, applied in rather strong solution of the fluid extract. Astringents and iodine are often disappointing and uncertain.

As regards the mode of operation, the guillotine of Mathieu is the best in my experience. Mackenzie's guillotine has disadvantages which Mathieu's has not.

Very large tonsils, and long, narrow tonsils, extending down almost to the larynx, must be removed by the vulsellum forceps and blunt pointed bistoury. I have never met with serious hemorrhage, and am inclined to think the danger much overestimated. A mixture of one-third gallic and two-thirds tannic acid, applied dry with the finger, will stop any ordinary bleeding.—*G. Sterling Ryerson, M.D., C.M., F.R.C.S. Edin., Lecturer in Trinity Medical School, Toronto; Canada Lancet.*

**ALARMING HEMORRHAGE AFTER TONSILLAR EXCISION ARRESTED BY TORSION OF THE ARTERY.**—Dr. Clinton Wagner reported a case at the eighth Congress of the American Laryngological Association, the hemorrhage coming from either the tonsillar branch of the facial or the largest pharyngeal branch of the ascending pharyngeal. The patient was a female about thirty years of age. The source of hemorrhage, which was discovered by forcible depression of the tongue, was without much difficulty caught with an artery forceps and twisted. No further bleeding occurred.—*N. Y. Med. Jour.*

**HYPERTROPHY OF LINGUAL TONSIL.**—Mr. P. R. Adkins (*Brit. Med. Jour.*) reports the following case: Mrs. G., æt. 32 (but looking ten years older), married, applied for treatment at the hospital, October 14, with a history of great distress in swallowing, readily produced difficulty in breathing, and inability long to sustain speech. These symptoms had lasted two years. The greatest caution had to be observed in swallowing, and she had not tasted beef for six months for fear of choking. The patient stated that she had become much thinner during those two years, and had lost her color and strength. She had been forced during that time to take a long time over her meals. She complained besides of a feeling of a foreign body in the throat, frequent swallowing, and pain shooting up to the ear. She lived on a farm where the drinking water was not above suspicion, and was particularly disagreeable in summer.

A medium sized œsophageal bougie passed readily, but was slightly tinged with blood when withdrawn. On examining the throat there was extensive granular pharyngitis in the oro-pharynx, and a slighter similar state in the naso-pharynx. On depressing the tongue, large pale œdematous granulations were brought into view, extending backwards over the dorsum. With the laryngoscope these were found continued back, gradually increasing in size, on each side of the middle line to the epiglottis. In the neighborhood of the epiglottis they were found to rise to the level of its upper margin, and at its sides completely overlapped it, so that only the central part of the upper margin was visible. There was thus no apparent interval or sulcus between the epiglottis and the tongue. An effort made to lift the epiglottis out of its position effected no great separation, so close up to the epiglottis had the adenoid vegetations seemingly grown. These adenoid growths, as examined with the laryngoscope, were seen to be thickly packed in two masses, one on each side of the middle line of the dorsum of the tongue, and showed traces of blood on their surface from the passage of the bougie previously. Taken separately, the growths of which these masses were composed presented each a bulbous free extremity three-six-

teenths of an inch in diameter, with a narrowing base, and probably six-sixteenths of an inch (some of them) in length. Those in front and towards the margin of the mass were flatter, but had the same pale œdematous appearance. As the patient came from a considerable distance, and the symptoms were somewhat urgent, the immediate use of the galvano-cautery was indicated. With the aid of the mirror the cautery was carried down as near as possible to the epiglottis (so as not to touch it), and the most prominent granulations destroyed, cocaine being previously used, which did not, however, ameliorate the symptoms one whit.

Next day the patient expressed herself as easier, and stated that she had managed to swallow a piece of beef. A subsequent examination showed that the cautery had been used effectually. The larynx was normal, and could readily be seen owing to the fixation of the epiglottis by masses of granulations.—*Southwestern Med. Gazette.*

**DEATH FROM COCAINE.**—Professor Kallomnin, of St. Petersburg, recently administered to a young woman nearly twenty-four grains of the hydrochlorate of cocaine in four rectal injections, in order to remove a tuberculous ulcer of the rectum. The anæsthesia was even then only partial. The pulse was rapid. After forty-five minutes the pulse became very feeble, the respiration labored, and the face and hands became livid. Notwithstanding every effort at restoration, including faradization, artificial respiration, subcutaneous injections of ether and ammonia, stimulating enemata, and inhalation of oxygen, death followed from the toxic action of the cocaine.—*Medical Times.*

**COCAINE IN NASAL POLYPUS.**—Ten to fifteen drops of a six per cent. solution injected into a polypus will cause its death by contraction of the blood vessels that supply it. Large hemorrhoidal tumors, it is claimed, can be cured in the same way.

VON NUSSBAUM finds peroxide of hydrogen of great value in controlling hemorrhage from the parenchyma of various organs, as well as from comparatively inaccessible vessels. The application is made with a pledget of cotton soaked in the peroxide.—*Maryland Med. Jour.*



**TONSILLOTOMY AND IMPOTENCY.**—It would, perhaps, hardly be credited that prejudice still exists against this operation, from a belief that it arrests sexual development. Such an ignorant thought was suggested to the parents of one of my patients, *after* the operation, by a homœopathic practitioner; and the subject was even thought worthy of occupying the greater portion of a recent sitting (October, 1886) of the Clinical Society of London. It is not necessary to confute this remnant of tradition with serious argument, but it is interesting to allude to the fact that Chassaignac pointed out that while hypertrophy of the tonsils tends to arrest sexual development, their removal favors it.—*Lennox Browne on Diseases of the Throat.*

**TONSILITIS.**—A method of procedure in the treatment of tonsillitis is given by Dr. H. V. Hoffman, who claims that he has found it to answer an excellent purpose. It consists in the application of pressure to the tonsils, squeezing them from below upwards by means of a wad of cotton wrapped about as thick as the little finger around the point of a dressing-forceps, and dipped in a tincture of iodine and glycerine, equal parts. By this pressure the foreign matters in the tonsil, which aggravate the inflammatory state, are squeezed out, affording great relief to the patient. A great deal of pain is caused by the first squeezing, but so much relief is afforded that the patient is anxious to have it repeated after a few hours.—*Wk. Med. Rev.*

**QUINSY.**—Dr. Early (Cambridge Medical Society) recommended aconite given by Ringer's method. Speedy relief may be obtained from ten to fifteen grains of salicylic acid or salicylate of soda given every two hours. Gargles are useless and painful. Insufflations to the swollen tonsils of tannin and iodoform, equal parts, give great relief.—*London Lancet.*

**MAKING SPLINTS** out of thick woolen cloth and strong alcoholic solution of shellac is done by brushing the shellac over the cloth, placing several pieces together and passing a hot iron over them. These splints are stiff enough for ordinary uses, can be softened by hot water, so as to permit them to be moulded to the parts, and can be cut in any shape.

**RADICAL CURE OF FISTULA IN ANO.**—First trace fistula with flexible probe. Wash out the track with a 5 per cent. solution of "hydrogen peroxide." Then inject a 95 per cent. solution of carbolic acid, plus equal quantity of a 10 per cent. solution of muriate of cocaine. Draw about 10 to 15 minims in the syringe. Push the flexible needle to the depth of the fistula, then inject slowly as you withdraw the needle. Within two hours inject oleum eucalyptus and glycerine, equal parts, and the operation is finished. Keep patient quiet for forty-eight hours.—*Technics.*

**HYPNOTISM**, like magnetism, is dependent not alone upon the procedure adopted to exhibit its effects, but the *personality* of the manipulator is perhaps the main factor in its production, regardless of the method which he employs to make that personality felt.

It is said that Charcot, by his commanding appearance and air of superiority is capable of producing wonderful changes in the condition of a patient merely by his presence, and it is this high individuality, no doubt, which has enabled him to exercise what is now known as the hypnotic power by the simple steps which are adopted for the production of the hypnotic state. As carried out in some of the hospitals of Paris, the procedure is simply this: The patient's attention is fixed upon some bright object, a polished plate of steel, for instance, upon which the attempt is made to concentrate all his perceptive faculties. When it is thought that that state has been reached which is experienced in some degree by every person who looks at a dim light in a dark room for a length of time and fixedly—that is, until he loses recognition of surrounding objects—then "suggestion" is employed. If the patient is suffering from a painful wound, it is suggested to him that he now has no more pain; if an operation is to be performed, he is told confidently that he will experience no pain during its performance; if it is desired that he perform some act, the details of it are likewise suggested to him, and if he is in the true hypnotic state, he obeys the mind of the hypnotizer and not his own. In the hands of the great majority of people at large, probably no method would serve to render this power active.—*Weekly Med. Review.*

**SEBORRHŒA; TREATMENT.**—After bathing the skin with soap and hot water and carefully drying it, the application of precipitated sulphur, tannic acid, or some other astringent powder, is usually beneficial. If there be a tendency for thin crusts to form over the affected surface, the following ointment, lightly applied by means of the finger, is preferable:

R	Washed sulphur,	-	8 parts.	
	Balsam of Peru,	-	2 "	
	Petrolatum,	-	40 "	—M.

In obstinate cases of seborrhœa of the nose, and these cases are generally obstinate, I have obtained the best results by having the patient rub the nose vigorously, before going to bed, with a soft linen rag wet with ether, and then apply the following lotion:

R	Sulphate of zinc,	-	3 parts.	
	Sulphurated potassa,	-	3 "	
	Alcohol,	-	10 "	
	Rose water,	-	to 100 "	

In dry seborrhœa of the scalp the crust may be readily removed by soaking it thoroughly at night with olive oil and shampooing the head in the morning with the officinal tincture of green soap. This will leave the scalp clean and natural in appearance, but a cessation of the treatment at this point will be speedily followed by a return of the crust. The patient must therefore be directed to shampoo the head twice every week, or oftener if it seems necessary, and to apply meanwhile some slightly stimulating ointment every night. Hyde recommends the following:

R	Oil of sweet almonds,	-	10 parts.	
	Carbolic acid,	-	1 part.	
	Alcohol,	-	to 100 parts.	
	Oil of Bergamont,	-	q. s.	—M.

If this plan of treatment is carried out for a few weeks, the tendency to the return of the crust will usually cease. In the many cases where seborrhœa does not form a thick crust upon the scalp, but occurs in the form of *dandriff*, with falling of the hair, it is often necessary to prolong the treatment several months.—*Diseases of the Skin: Atlas and Text-Book.*—George Henry Fox, M.D., New York.

**SEBORRHŒA.**—Equal parts of linseed oil and lime water thoroughly rubbed into the scalp. It is also beneficial in the eczema of childhood.

**COMEDO.\***—When there is any tendency to glandular inflammation, and the use of soap is found to aggravate this, it is well to bathe the face in warm water, to which a little borax or bran may be added. Ladies sometimes object to the use of soap in bathing the face, on account of the tense and shiny condition of the skin which is sometimes left. This is easily remedied by slight friction with a piece of flannel or chamois skin, and if necessary by the application of a little rice powder or lycopodium. As a lotion to be used in cases of comedo, the following is mildly astringent and conducive to the normal action of the glands:

R	Sulphate of zinc,	-	4 parts.	
	Orange flower water,	-	100 "	—M.

On the theory that the black head of comedo is due to a pigmentary deposit which is soluble in acids, Unna advises the use of the following ointment:

R	Kaolin,	-	4 parts.	
	Glycerine,	-	3 "	
	Acetic acid,	-	2 "	—M.

**TREATMENT OF GONORRHŒA.**—The treatment of this disease, I believe, still consists in the administration of balsam capaivæ, ol. of cubebs, and other nauseous medicines, by the majority of physicians, but as the disease has been shown to be a local one, and is dependent upon a parasite, nothing but local treatment is required. For this purpose some antiparasite should be locally applied. I have found nothing to equal the best of antiparasites, namely, the pyridine or tricarboxylic acid used as an injection, the strength of this being two grains to the ounce of water. It will effect a cure in three or four days, no other treatment being necessary.—*C. J. Rudemaker, in Medical Herald*, Louisville, Ky., Oct., 1887.

**VESICATION FOR VOMITING OF PREGNANCY.**—A writer in the *Lancet* says: I have not failed once for many years by a single vesication over the fourth and fifth dorsal vertebræ, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritus pudendi of the puerperal condition yielded as readily, and to one application.

\*Photographic Illustrations of Skin Diseases: an Atlas and Text-Book combined. E. B. Treat, publisher, 771 Broadway, New York.

**TAIT'S METHODS.**—On the 15th of January, 1886, I began a course which, as completely as it is possible, made *his* knowledge mine. With very few exceptions I not only saw every operation, both public and private, but followed the cases afterward wherever I liked, and I had access to the record book as often as I chose. In short, after I had been with him a little while, I was put in as an assistant, and when I left on the 15th of July, 1886, I was doing his assistant's full work.

In the home work, of course, the nurses had charge of all the instruments and made preparations for operations; but I have, time and again, watched them at work and observed the sponges and instruments in all stages of being cleaned, and let me assure my American associates, once for all, that there is not the slightest germicide used in the whole process.

The only thing that the most strict Listerite could feel at home with is the weak solution of carbolic acid in which the sponges are soaked before they are put away to dry. That is so weak that its only possible effect is what Mr. Tait claims—that “it keeps moths and flies away from them.” He relies for success on good, clean, rapid operating, and not on the fetish of germicides. As for his results, they are *all* that has been claimed for them.

In regard to the 139 series, with two exceptions, I think I know more of them than any other living man, besides Mr. Tait. These two are Dr. John W. Taylor and Dr. Annie E. Clarke, who were his regular assistants throughout the series. I reached England just after the close of the year 1885, so that I saw none of the operations done, but some of the patients were still in the hospital wards, and many of them I had occasionally to look after in the dispensary practice.

The records themselves, as published, give not only the name, date of operation and residence of the patient, but the physician in charge, and in each private history book not only the name of each nurse and assistant, but also the names of all visitors present; so that, with all these clues to each case, heartily hated as Mr. Tait is by the jealous rivals he has so far outstripped, you may be sure that had there been the least thing wrong with this crowning table, I would not have been

forced to come to America to hear the first doubt of its truth.

All that any one need do to find what the English profession think of him and his work is to read carefully that splendid book on abdominal surgery just from the pen of one of the best surgeons in England, Greig Smith, of Bristol. Now, when I say England, I do not mean London, for, with its *its* denizens, like the average metropolitan of all lands, it is an unpardonable social crime to know or acknowledge that any thing good can be accomplished outside its bounds. So you see the Obstetrical Society had, in this prejudice, a weapon ready made with which to crush the “country upstart.” But do not understand me to say that the Obstetrical Society is the sole exponent of London thought. For, like the repetitions to which history is so prone, those who have so long held the reins are now frowning on and trying to stamp as Bohemians the members of the British Gynecological Society, which, while the youngest, still is the most progressive body in the nation. What *these* Londoners think of Tait you can tell by noting the fact that he is about the only non-resident of this generation who has presided over a London society. Outside of London, throughout the country, wherever we went, Mr. Tait was looked up to with pride by the whole British profession, and in his own town he is not only the most popular consultant there, but the social lion of the place.

As to what this place Birmingham is, very few Americans (not even excepting the teachers who so frequently spend their summers abroad and have repeatedly been Mr. Tait's guests) actually realize its importance in the civilized world. In America we ordinarily hear of it as a place of four hundred and fifty thousand people, and at once conclude that its commercial importance is about like that of St. Louis or Chicago, whereas the truth is that it is merely the fashionable quarter of a city of over three millions of people. All the way from Birmingham to Wolverhampton, a distance of twenty-two miles, it is one solid city.

The abdominal work of this section is done almost entirely by three men—Tait, Savage and Maylins.

Now add the rest of the population of Great Britain, and you have the source



from which this consultation business is drawn; or, I might truthfully say, all the rest of the English-speaking world. For while I was with him I saw him operate on cases from Connecticut, New York and Chicago; from Melbourne, Australia; from Cape Town, from Calcutta and Hong Kong. With such a mass to draw from, is it any wonder that he so far outstrips all competitors in numbers, or, that with such constant use, his fingers have acquired such great dexterity?

It is this wonderful sense of touch that enables him to deal with vesico-vaginal fistula as he does.

Say, for instance, you have an opening on the vesico-vaginal septum one-third of an inch in diameter; with a knife or pair of scissors, at the very edge of this ring he would begin to separate the vesical from the vaginal mucous membrane. After extending this separation entirely around the ring for a depth of one-fourth to a half inch, and after turning the vesical membrane into the bladder and drawing the vaginal into its own cavity, with a handled needle he would enter the vaginal flap on its raw surface a short distance from its cutaneous margin; keeping the needle buried, he would pass across the septum and bring the needle out at a point in the raw surface of the vesical flap corresponding to the one at which he had entered the vaginal, then by catching the cat-gut suture near the vesical flap and holding it while he withdraws the needle, he has thus put in place the first half of the suture; now, going to the opposite side of the ring, the needle is introduced again in exactly the same way, and by either threading it into the eye of the needle, or, what is still easier to accomplish, looping the vesical end of the suture already described into a thread with which the needle was armed before introduction, by simply withdrawing the needle the second half of the suture is brought into position. Now, by tying a series of sutures so placed, the union thus obtained is not only that of the septum alone (as we used to get it in the old denudation operations), but it is that of an internal and external buttress in addition, thus making the cicatrix doubly strong in case we get union; but if union should fail, the flaps simply unite in their old position, leaving the opening no larger than it was before,

which is rarely the case after a failure from the old paring operation.

By this means I saw Mr. Tait succeed with an inch and a half or two inch opening, on which Baker Brown had failed twenty years before.

The reason why Mr. Tait has seen so many of these cases is the fact, as I have already intimated, that he has charge of the largest practice that any man in this generation has ever attempted to handle, and from the lately increased facilities of travel, I would not be surprised if it is the largest clientele of desperate cases the world ever saw, for a large proportion of his practice is made up of the failures of other men.

His perineum work is done in the same way, and for complete tears it is the most certain, as well as the most perfect, of all plastic operations; and with some modifications of it in those subcutaneous muscular breakages of which we now hear so much, I believe it will prove equally good.

Galileo had his Loreni, Michael Angelo his Bauslinelli, Harvey his Riolauns; and all who attempt to scale the same dizzy heights must expect to do it at the expense of the friendship of most of those over whom their shadow falls.

The clamor which these people raise is merely the crucible in which the work of these artists is tested. The hotter the fire, the purer the gold, and that Lawson Tait's labors will come from the furnace pure and everlasting, is the belief of your friend.—*Arthur W. Johnstone, in St. Louis Med. and Surg. Jour.*

**TAPIOCA SEPSICOLYTIN.**—Peckolt has obtained from the tapioca root a substance which he finds possessed of active antiseptic properties. It has been given the name of sepsicolytin, or fermentation-linderer. A quantity of albumen containing a very small quantity of the agent presented no evidence of decomposition after six months exposure. It is not poisonous, which is an important fact in its favor.—*Archives of Dentistry.*

**DRILL POINTS.** A workman at the Carson mint has discovered that drill points heated to a cherry red and tempered by being driven into a bar of lead will bore through the hardest steel or plate glass without perceptible blunting.—*Archives of Dentistry.*

**TO AVOID RUPTURE OF THE PERINEUM DURING LABOR.**—Dr. Berry Hart (*Ed. Med. Jour.*): "All the attendant can do, apart from the familiar means of relaxing perineal spasm by chloroform and hot applications, is to prevent the sinciput being forced down in advance of, or faster than, the occiput. He restrains the fœtal head from passing too rapidly. He thus has always to get the occiput to lead, and to get it fully born first if possible. So far as I can judge, the best way of doing this is as follows: With the patient lying of course, on her left side, the attendant places the thumb of his right hand, guarded by a napkin soaked in hot sublimate, in front of the anus and presses it gently there. The pressure is not in the direction of a line joining his thumb and the pubic arch, but nearly in that of the axis of the pelvic outlet. By this, descent of the sinciput is hindered, and that of the occiput favored. When the latter is beginning to pass under the pubic arch, the fingers of the same hand are placed between it and the apex of the arch, so that when the occiput has cleared the arch, the fingers are passed towards the nape of the neck, and the head thus grasped in the hand, the thumb lying over the sagittal suture. This gives one complete command over the head, which is now engaging in the diameters between the nape of the neck and forehead and face, and allows the whole passage with as little tear as possible.—*Weekly Med. Rev.*

**THE USE OF WATER AT MEALS.**—Opinions differ as to the effect of the free ingestion of water at meal times, but the view most generally received is probably that it dilutes the gastric juice and so retards digestion. Apart from the fact that a moderate delay in the process is by no means a disadvantage, as Sir William Roberts has shown in his explanation of the popularity of tea and coffee, it is more than doubtful whether any such effect is in reality produced. When ingested during meals, water may do good by washing out the digested food and by exposing the undigested part more thoroughly to the action of the digestive ferments. Pepsin is a catalytic body, and a given quantity will work almost indefinitely, provided the peptones are removed as they are formed. The good effects of

water, drunk freely before meals, has, however, another beneficial result—it washes away the mucus which is secreted by the mucous membrane during the intervals of repose, and favors peristalsis of the whole alimentary tract. The membrane thus cleansed is in a much better condition to receive food and convert it into soluble compounds. The accumulation of mucus is specially well marked in the morning, when the gastric walls are covered with a thick tenacious layer. Food entering the stomach at this time will become covered with this tenacious coating, which for a time protects it from the action of the gastric ferments, and so retards digestion. The tubular contracted stomach, with its puckered mucous lining and viscid contents, a normal condition in the morning before breakfast, is not suitable to receive food. Exercise before partaking of a meal stimulates the circulation of the blood and facilitates the flow of blood through the vessels. A glass of water washes out the mucus, partially distends the stomach, wakes up peristalsis, and prepares the alimentary tract for the morning meal. Observation has shown that non-irritating liquids pass directly through the "tubular" stomach, and even if food be present they only mix with it to a slight extent. According to Dr. Leuf, who has made this subject a special study, cold water should be given to persons who have sufficient vitality to react, and hot water to the others. In chronic gastric catarrh it is extremely beneficial to drink warm or hot water before meals, and salt is said in most cases to add to the good effect produced.—*Brit. Med. Jour.*

**TEST FOR PURITY OF OLIVE OIL.**—To detect cotton-seed oil in olive oil, it is recommended to use a solution of nitrate of mercury, U. S. P. When mixed with pure olive oil, the oil will become hard and solid, but if cotton-seed oil is present, the result will be a pasty, soft mass; if it is all cotton-seed oil, it will remain fluid.—*Ind. Pharm.*

**JABORANDI IN ERYSIPELAS.**—Prof. Waugh gives twenty drops of the fluid extract every two hours until perspiration sets in. If the erysipelas shows a tendency to recur, the use of the drug is resumed.

**WOUNDS OF THE PALMAR ARCHES.**—Thiriar, of Brussels, summarizes his views in a recent lecture, as follows: The safest and best plan is to ligature in the wound if possible; if not, above it. In recent cases it can usually be done in the wound. Where it is necessary to tie higher up, it is of no use to tie the ulnar and radial; and if the wound is not very recent, and there has been time for a considerable amount of collateral circulation to have developed, even the brachial must be tied above the profunda. It is necessary to remember that the axillary artery sometimes gives off two brachial branches as high as the axilla itself. M. Thiriar examined a large number of arms in the dead-house, and found this anomaly present in 12 per cent. of the cases. However, he has always succeeded in arresting hemorrhage in wounds of the palmar arches, even when the tissues were suppurating, by a modification of Sir J. Simpson's plan of acupressure. He uses needles curved to a semi-circle, and passing them under the artery, brings the edges of the wound together, and occludes the vessel by the application of a twisted suture, which there is no need to draw very tightly. He summarizes his advice thus: 1. Direct ligature. If impossible, 2. Twisted suture and acupressure. If unsuccessful, 3. Ligature of humeral in the middle, if the collateral circulation has not had time to develop; above the profunda if it has. 4. Employment of compression, direct or indirect, forced flexion, forcipressure, styptics, etc., only as a temporary expedients.—*Lancet*.

**GUM CAMPHOR AND SALICYLIC ACID**, equal parts by weight, rubbed together in a mortar, dissolve and make a clear, colorless, thick fluid, about the consistence of honey. This, when applied with a camel's-hair pencil to many of the itching eruptions that are prevalent, at once relieves the itching and burning sensations, and effects a cure in a short time. It is readily incorporated with petrolatum, and may be exhibited in the form of an ointment.—*Indiana Pharmacist*.

**PROF. NAGIA**, of Tokio, has discovered a new mydriatic which is cheaper than atropine, has no constitutional effects, and does not paralyze accommodation. It is called "Ephedrin."

**HYPODERMIC** or other syringes, when clogged so that a fine wire cannot be forced through them, may be cleaned by holding over a spirit flame for a moment, and the foreign matter will be quickly expelled or destroyed, so that liquids may be used immediately. When a wire has rusted in a needle, dip the point into oil, then hold it over a flame, and it can be removed. It is well to draw oil through the point, then heat it, and rust will be removed from the interior; afterwards wash with alcohol, and it is ready for use.—*Dental Review*.

**IODINE TRICHLORIDE** ( $I Cl_3$ ) is an orange yellow powder, and is dispensed and stored in hermetically sealed (by fusion) glass tubes. The compound is very volatile, the vapors pungent and irritating to the eyes and mouth, the taste astringent and slightly acid. It is very readily soluble in water, and the mahogany-colored liquid resulting contains some free iodine and chlorine, which ensures its high disinfectant power. Extensive decomposition may be prevented by exclusion of light. Aqueous solutions of 1:1000 or 1:1500 are found to kill the most refractory bacteria. Although the body possesses some slight disadvantages, such as its pungency and property of coloring the skin (though such stains may be removed by a little ammonia), it is not believed that they will seriously hinder its use. In dyspepsia originating from bacteria, it has been found useful in teaspoonful doses of dilute solutions (1:200 or 1:500) every two hours.—*Drug Bulletin*.

**UMBILICAL HERNIA.**—Prof. Parvin treated a case in an infant by reducing the hernia, pinching the skin together and painting with collodion, and ordered the painting to be repeated three times a week; the truss that the child had been wearing acted as an irritant and had to be changed every few weeks.—*Col. and Clin. Record*.

**NUX VOMICA IN OPIUM POISONING.**—Dr. T. M. Holms calls attention in the *Medical Register*, to his saving the life of a patient who had taken a large dose of morphia (10 grains) by the administration of drachm doses of fl. ext. nux vomica and the use of artificial respiration.



**HAYA ARROW POISON: A NEW ANÆSTHETIC.**—Dr. L. Lewin, of Berlin, who has enriched our knowledge of the kava-kava and sassy bark, has just concluded an interesting research upon a new arrow poison, called Haya poison, that Messrs. T. Christy & Co. sent to him, and which they had received from Africa, fragments of an average length of 1 centimetre, of two different shapes.

The first to be examined were amorphous; dark brown; but lighter in the fracture, where the color was more of a brownish green; easily broken up and a smooth section when cut; when squeezed became flat, and could only be reduced to a fine powder with difficulty. In this powder, as well as in the fracture of the pieces, numerous glistening particles were observed.

The other pieces were almost black, somewhat of the color of the aloe, and presented when splintered the translucency of the latter; the pieces had mostly a decided shape, being convex externally, and having on the inner surface a sharp-edged furrow, suggesting almost that it was occasioned by a narrow angular instrument having been pressed on the surface. Dr. Lewin is of opinion that the mass had been attached to the barb of an arrow; in some of the furrows he noticed a good deal of iron-mould. The pieces which could not be cut up were brittle, fractured, and splintered, like the aloe, and were easily reduced to powder, which, unlike that of the pieces first described, was not sticky. In the powder, similar glistening particles to those observed in the first were seen.

Upon carefully examining these particles, which were freed from the powder of both the amorphous and the shaped pieces by an aqueous solution, Dr. Lewin found them to consist of gold spangles.

Both powders were odorless and tasteless, readily absorbed moisture from the atmosphere, the amorphous powder doing so to a much higher percentage. Both were soluble in water, especially boiling water, the solution of the amorphous powder varying from a straw to a brown color; and that of the second powder being of blackish color, reminding him of a solution of apomorphine; both solutions in a minor concentration showed a distinct opalescence. Upon filtering the solutions

there remained a residue containing flint and mica, and having a shimmer like mother-of-pearl.

Twice did the doctor separate from the residue some seed husk, which, however, could not be defined even by an expert. The epidermis of a bark was also obtained, which, by careful and close examination with specimens in the doctor's collection, led him to suppose that they consisted of pieces of sassy bark (*Erythrophloeum judiciale*.) This supposition was confirmed by Mr. Hemings, of the Botanical Museum of the University of Berlin, and by Dr. K. Schumann, who kindly compared it with specimens of sassy in their possession.

The doctor calls particular attention to the fact that the residue, its solution and one of the whole poison, placed on a porcelain palette with concentrated sulphuric acid, afterwards cautiously and perseveringly manipulated until dry, and then heated, gave, when warmed, a clear pink color.

Having then heard of an arrow poison which produced insensibility, Dr. Lewin made experiments to ascertain whether the Haya poison produced anæsthesia of the cornea, and he was not a little surprised to find this effect to be obtained with all the animals upon which he tried it. Anæsthesia took place later than by cocaine, but lasted for eight or ten hours. The application produced a passing irritation on the eye.

The aqueous, or alcoholic solutions, injected subcutaneously into a pigeon produced constant vomiting and frequent evacuations, protracted breathing, dyspnoea and death with convulsions of short duration. Administered to pigeons by the beak, large doses only produced constant vomiting and diarrhoea, while small dogs and pigeons, when even so small a quantity as 0.03 gramme (half a grain) was injected subcutaneously, died from the effects. Pigeons remained healthy when even as much as 0.22 gramme ( $3\frac{1}{2}$  grains) was given through the beak.

Dr. Lewin concludes from his experiments that the Haya poison may safely be classified with the African poisons already known, or perhaps be identical with them. The effects of the Haya poison reminded him very much of those he had noticed with the poison of the Somali, the so-called Ouabaio, and the effects of the lat-

ter resembled the intoxication produced by the Erythrophlœum. Besides these coincidences, his suspicions were more or less confirmed by the fragments of epidermis which he had found in the poison, and which so strongly reminded him of the Erythrophlœum bark, which, thirteen years previously, he worked upon. It was not, however, known that the Erythrophlœum contained a principle having a local anæsthetic action, neither was the sulphuric acid reaction which he discovered in the Haya poison known.

His suppositions were found to be correct, for a two per cent. concentrated solution of hydrochlorate of erythrophlœine obtained from Merck, immediately produced, with contraction of the pupils, insensibility of the eye, lasting from ten to twenty-four hours; but the irritating principle the Erythrophlœine contains is present in too great a quantity for it to be neutralised in the concentrated solution; and this was proved by its producing in cats irritation of the cornea, much salivation, running at the nose and violent sneezing.

It is worthy of notice that solutions of 0.25 per cent., or even 0.10 per cent. of Erythrophlœine produced, without apparent irritation, in cats, dogs, guinea-pigs, etc., anæsthesia of the cornea after about 15 to 20 minutes, as was the case with the Haya poison, the pupil remaining unchanged for many hours.

A solution of the Haya poison was injected subcutaneously into a guinea-pig, and produced an insensibility of the part treated so great that he was able to cut down as far as the muscles without any discomfort to this most sensitive animal. Frogs in which tetanus was produced by injecting erythrophlœine into the leg, showed no reaction of that limb when pricked, and the tetanus could not be removed.

Dr. Lewin was able to obtain, with the salts of erythrophlœine, that wonderful reaction with sulphuric acid which he is surprised has so long been overlooked.

Dr. Lewin says he has shown that erythrophlœine is contained in the Haya poison, if only in minute quantities, and that the activity of the poison is partly due to its presence.—*British and Colonial Druggist*, Jan. 14, 1888.

**GRAVITY AS AN EXPECTORANT.**—It is claimed that in cases of pneumonia where there is great embarrassment of breathing from accumulation of secretion in the bronchial tubes, great benefit may often be derived by inverting the patient and having him cough violently while in this position. It is easily accomplished by a strong assistant standing on the patient's bed, seizing the sick man's ankles, turning him with his face downward, and then lifting his feet four or five feet above the level of the mattress. If the patient, with his face over the edge of the bed and his legs thus held aloft, will cough vigorously two or three times, he will get rid of much expectoration that exhaustive efforts at coughing failed to dislodge when not thus aided by gravity. Life has been saved by repeated performances of this manœuvre in pneumonia accompanied with great cyanosis due to inundation of the bronchial tubes with mucous secretion. It, of course, will have no effect on the exudate in the vesicles. Gravity is of value in a similar way in emptying the lungs of mucus during etherization.—*Polyclinic*.

**INDIGO FOR RATTLESNAKE BITE.**—The Hon. George Van Dyke, mayor of the city of New York during the late war, mentioned that wet pulverized indigo was a cure for the bite of this reptile. A case is given in *The Southern Clinic*, December, of a colored man bitten above the ankle. He tied a bandage tightly above the ankle, and kept on with his work. When he returned in the afternoon, the foot and leg, to the bandage, were swollen dreadfully. Indigo was applied as a poultice, and the man recovered without other treatment in twenty-four hours.

**NEURALGIA.**—Equal parts of the tincture of aconite root, cholechicum seeds, belladonna and actea racemosa. Six drops to be taken every six hours till relief is felt.—*Dr. John T. Metcalf, in Boston Med. and Surg. Jour.*

**ELY'S CREAM BALM** consists of vaseline, 1 ounce; thymol, 3 grains; carb. bismuth, 15 grains; oil wintergreen, 2 minims. The directions are to dip the little finger into the balm and insert up the nostrils, giving two or three full inhalations.—*Med. Record*.

# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE  
*ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.*

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VOL. IX.—No. 2.

FEBRUARY, 1888.

\$1.00 A YEAR.

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Besides many of the Alumni of the Albany Medical College and of the Albany College of Pharmacy from all parts of the United States and at several points in the Old World.



SUBSCRIPTIONS are now coming in, and frequent congratulations with them. Our correspondents all know what to say. We cannot print all, but we give the following sample:

REXFORD FLATS, N. Y., Jan. 31, 1888.

GENTLEMEN—Enclosed find \$2 for the ALBANY MEDICAL ANNALS. I believe my subscription is somewhat in arrears. Please accept my congratulations for the prosperity of your very able, instructive and always welcome journal.

Very respectfully,

W. E. ROGERS.

\* \* \*

"A MEETING OF THE SOCIETY OF SCIENCE, LETTERS AND ART OF LONDON, 160 Holland road, Kensington, was held in the fine hall at Addison road, on Thursday, 10th inst., under the presidency of Sir Francis Knowles, Bart, M.A., F.R.S. There was a good and fashionable attendance, consisting of nearly a thousand members and their invited guests. The Rev. Irwin Coates, M.A., Honorable Secretary, had only time enough to give a digest of the scientific paper, 'The Relation of Medicine to Music,' prepared for the society by Dr. Cutter, of New York." (Extract from the last report of the society, December, 1887.)

Dr. Ephraim Cutter was, at a subsequent meeting, elected into membership of the Society of Science, Letters and Art of London.

\* \* \*

ALBANY MEDICAL COLLEGE COMMENCEMENT AND ALUMNI DAY is fixed for Thursday, March 15, 1888.

#### VELPEAU'S BIRTHPLACE.

Our friends of the *Pittsburgh Medical Review* are in error as to the nativity of Prof. Velpeau. He was not a native of America, as the following extract from a letter of Dr. Gamgee, of Birmingham, Eng., to *The Lancet*, London, will show:

"Alfred Armand Louis Marie Velpeau was born at Bréche, a small town of the Madre-et-Loire, on the 18th of May, 1795. He was the son of a farrier, and learnt to read in the corner of the forge, when resting from the fatigue of shoeing horses. An old "Traité d'Hippiatrique," one of the three works which constituted the paternal library, was young Velpeau's text-book. With the fruit of trifling saving he found his way to Tours, there studied French and Latin grammar, and made himself useful to Bretonneau." He died in Paris, August 24, 1867.

#### THE REMOVAL OF IMPORT DUTIES FROM PHYSICIANS' SUPPLIES.

SAVANNAH, GA., January, 1888.

To the Editor of the *Albany Medical Annals*:

DEAR SIR—At the annual meeting of the Georgia Medical Society, held January 3, 1888, the following resolution was unanimously carried:

*Resolved*, That the corresponding secretary enter into correspondence with the medical journals of the country in order to enlist their influence in support of the movement to remove the import duties from all medical and surgical instruments and appliances, including those used in the diagnosis as well as treatment of disease, so that they may be furnished to those needing them at the lowest possible price.

In compliance with the above resolution, I wish to solicit your earnest attention and a notice in your publication which will claim the attention of your readers, hoping that your country readers, especially, will appreciate the truth and importance of our proceedings.

Perhaps the statement of a few facts will assist the reader in realizing the extent of the grievance and the justice of the plea for which we ask co-operation.

1st. Physicians are at the mercy of instrument-makers in regard to price, make and quality of finish, because of the lack of sufficient competition.

2d. The price of instruments made in this country is out of proportion to that paid for surgical instruments on the Continent of Europe.

3d. Surgical instruments and appliances are so costly that but few doctors entering the profession can provide themselves with an outfit adequate to carry on a general practice. At present prices it is impossible for a country physician's

income to sustain his investing in costly instruments, and as a result many simple cases, such as retention of urine, foreign bodies in nose or throat, deep seated abscesses, etc., all of which could be relieved at once with the proper instruments, must either die from the immediate cause or from the effects of time lost in seeking skillful manipulation, or else they are frequently crippled and disfigured, because the most intelligent help, though patiently given, is itself crippled for want of proper instruments.

4th. The cheaper grades of instruments are either antiquated or so poorly made that they may prove a cause of failure in operations, saying, as it were, the natural inclinations to surgery in its inception.

5th. European instruments are from 25 to 75 per cent. cheaper than ours, and their introduc-

tion into the market will enable the mass of doctors to buy those of prime necessity, will bring down the price of home-made appliances, and oblige the makers to use good material and put a better finish to their work.

6th. The removal of import duties on surgical and other instruments used by the profession, and on medicines in general, will produce the same results as we all know it did on the article of quinine.

Respectfully,

J. C. LEHARDY, M.D.,  
*Cor. Sec'y Georgia Medical Society.*

R. J. NUNN, M.D., *President.*

The ALBANY MEDICAL ANNALS endorses the action of the Georgia Medical Society in this matter.

## BOOK NOTICES.

**FEVER NURSING.** By J. C. Wilson, M.D. 12 mo., cloth, \$1. Philadelphia: J. B. Lippincott Company, publishers.

We have read this little book of 200 pages with the interest that is likely to be attracted by the pen of its practical author. It appears to be one of a series of four, by different writers, the general title of all of which is "Practical Lessons in Nursing." It is designed, as its title page states, for the use of nurses, and especially as a text book for those in training, and embodies the substances of a course of lectures delivered before the nurse class at the Philadelphia Hospital. There is no doubt a need of such books for this purpose, as we are not aware that this class of literature has been published. The general principles of fevers, their varieties and respective tendencies, the care of the sick room and the details of its preparation for the contagious forms, the use of disinfectants, thermometry, pulse-taking, drinks, fever foods and the like general matters occupy three chapters. These are followed by descriptions of the continued fevers, which may constitute a condensation of the larger treatise on the continued fevers by the same author, issued some

years ago, the eruptive and periodic fevers, and of fevers with marked local manifestations, under which head are placed rheumatic fever, pneumonia, diphtheria and cerebro-spinal fever. While the discipline of the sick room should require that the physician be the sole judge as to the management of the patient, there is doubtless propriety in the possession by the nurse of a knowledge of the tendencies of diseases and especially of their individual dangers, such as of hemorrhage or rupture of the bowel in typhoid fever, and of their contagiousness, and how spread of them may be guarded against. The book may therefore be commended for the purpose it is intended to fill; and as an epitome of recent knowledge it will no doubt be welcomed by most physicians. F. C. C.

**PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES; Second Series.** By George Hussy Fox, M.D., of New York. E. B. Treat, publisher. Parts I. and II.

This is a larger work, and in some respects a revision of Dr. Fox's series of illustrations of skin diseases issued about five years ago. Some of the views of the earlier work being included in this. The plates are prepared in the same way, by

artotype reproduction of photographic negatives, colored by hand. It is a method which has much to recommend it in the way of accurately exhibiting the actual case of disease taken to copy. This series presents about 100 cases thus taken from life; each is accompanied by several pages of descriptive text, not only detailing the history of the case, but going into the general consideration of the subject, so that the work consists of a complete treatise on skin diseases with illustrations. The photography is very skillfully done—as much cannot be said for the coloring, which is sometimes done with a careless hand. But the collection, as a whole, is a most admirable one in the selection of its subjects and their life-like reproduction, and Dr. Fox is entitled to much commendation for placing it in the hands of the profession. Parts 1 and 2 contain some very satisfactory subjects, the more noteworthy being a graphic view of seborrhœa, one of erythema multiforme, showing two or three different lesions, small pox, a curious feature of urticaria, which is made to speak for itself, and a very good view of erythematos eczema.

**CHEMICAL ANALYSIS OF HEALTHY AND DISEASED URINE, QUALITATIVE AND QUANTITATIVE.** By T. C. Van Núys, Professor of Chemistry, Indiana University. With thirty-nine wood engravings. 187 octavo pages, \$2. Philadelphia: P. Blakiston, Son & Co. 1888.

Simple qualitative tests are given in full, and the rationale of chemical processes fully explained, and, to meet the requirements of students somewhat familiar with laboratory work, nearly all the methods employed in quantitative estimations are given in full; especially is this true in processes peculiar to work in physiological chemistry.

The quantitative part of the work is perhaps fuller than is generally required, but it is by quantitative analysis that nearly all the facts concerning the trans-

formation of tissue and the elements of food have been brought to light; and quantitative analysis will eventually be employed in many cases as an aid in diagnosis and treatment.

A most satisfactory book for a thorough student, and calculated to fill a place where smaller books have failed to meet the requirements.

**A SYNOPSIS OF THE PHYSIOLOGICAL ACTION OF MEDICINES.** Prepared for the use of the students of the medical department of the University of Pennsylvania By Louis Starr, M.D., and James B. Walker, M.D., assisted by W. M. Powell, M.D. Third edition enlarged. 72 pages, 16 mo., 75 cents. Philadelphia: P. Blakiston, Son & Co. 1888.

Of great aid to students in the field of physiological action of drugs. The chart-like arrangement is very convenient for reference.

**HANDBOOK OF TREATMENT.** Alphabetical arrangement of diseases; nearly 1,000 formulæ. By William Aitken, M.D. (Edin.), F.R.S., etc. Edited, with additions by A. D. Rockwell, M.D., late electro-therapist to New York State Woman's Hospital. 444 pages, large 12mo, cloth, \$2.75. New York: E. B. Treat. 1887.

"Composed of the chapters on Treatment taken from the seventh (latest) edition of Dr. Aitken's encyclopædic work on the Science and Practice of Medicine." "The work does not only embrace the experience of its distinguished author, but also that of every known authority."

**THE MEDICAL WORLD VISITING LIST,** arranged in removable tablets; price \$1.50; to subscribers to *The Medical World*, \$1.00. C. F. Taylor, M.D., publisher, 1520 Chestnut street, Philadelphia.

Entering the daily items on the tablets in words, instead of signs, renders the accounts legal at once without transferring. In case of death, the books show accounts up to the last day of practice in a form easily understood and collectable



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The publisher will send the Visiting List and Ledger to any physician on receipt of price of both (two dollars), and if not found satisfactory *after three months' use*, will refund money on return of books.

**DISEASES OF THE HEART AND LUNGS.** By James R. Leaming, M.D., Emeritus Professor of Diseases of the Chest and Physical Diagnosis in the New York Polyclinic; and President of the Faculty, Special Consulting Physician in Chest Diseases, St. Luke's Hospital, New York, etc. Fifth volume of the series of "Treat's Medical Classics." 300 pages, 8 Vo., price, \$2.75. E. B. Treat, publisher, 771 Broadway, N. Y.

The distinguished author of this treatise has made the diseases of the heart and lungs his special study for many years. His careful investigations as a practitioner and professor in New York, his observations in public hospitals and private consultations were occasionally embodied in papers, read before the Academy of Medicine or published in medical journals. These having been discussed, the views presented being sometimes modified, strengthened or confirmed, were afterwards tested, and in their revision, are given to the profession in this permanent form.

This Second Edition of Dr. Leaming's Volume, "Diseases of the Heart and Lungs," has been thoroughly revised and enlarged. The corrections and additions were so fully and freely made that it has been impossible to utilize the plates. The edition now presented is from a special font of type and new electrotyped plates with an additional chapter.

Dr. Leaming's well-known acute faculty of discriminating sounds and his attention

to the minutest details in the diagnosis of a case gives great weight to his judgment. The use of certain medicines in special cases has been watched with singular attention and the effects are recorded. Nothing has been omitted in the consideration of the class of diseases pertaining to the heart and lungs, that the most advanced investigations have ascertained or the most skillful practitioners have found remedial or beneficial.

**RECTAL AND ANAL SURGERY,** With a Description of the Secret Methods of the Itinerant. By Edmund Andrews, M.D., LL.D., Professor of Clinical Surgery in the Chicago Medical College, Senior Surgeon to Mercy Hospital; and E. Wylls Andrews, A.M., M.D., Adjunct Professor of Clinical Surgery, etc. With original illustrations. 110 pages, octavo, \$1.50. Published by W. T. Keener, 96 Washington street, Chicago. 1888.

A most entertaining book, easy to read, and sure to be popular. The history of "Pockets and Papillae," and of the evolution of "Itinerant Rectal Surgeon," will provoke a smile. Secret methods and officinal treatment are clearly explained. The thirty-seven illustrations answer a good purpose.

**NASAL POLYPUS** with Neuralgia, Hay Fever, and Asthma in Relation to *Ethmoiditis*. By Edward Woakes, M.D., London, Senior Aural Surgeon, and Lecturer on Diseases of the Ear at the London Hospital; Surgeon to the London Throat Hospital. 140 pages, 12 mo., with illustrations, \$1.25. Philadelphia: P. Blakiston, Son & Co. 1887.

The author imparts a practical utility to each topic. He claims for the disease, which it is the chief object of this treatise to discuss, viz., *Ethmoiditis*, a pre-eminent importance. It is in the ethmoidal tract of the nose, hitherto the most neglected, notwithstanding its wide pathological bearing, that he lays claim to having accomplished original work.

Acknowledgment is made of indebtedness to Mr. Thurston, late Demonstrator of Pathology at King's College, for the microscopical drawings which illustrate the pathology of Ethmoiditis.

This book presents much new and original research, and will probably be followed by other volumes when investigations, now unfinished, are completed.

#### EXCHANGES, PAMPHLETS, ETC.

*The American Journal of Ophthalmology.* Edited by Adolph Alt, M.D., St. Louis, with many eminent collaborators. 32 pages, octavo, \$3 a year. J. H. Chambers & Co., St. Louis Mo., Chicago, Ill., Atlanta, Ga.

*The Archives of Dentistry*, monthly, 8vo, \$2 a year. Editors: Dr. W. H. Eames, St. Louis, Mo.; Dr. C. T. Stockwell, Springfield, Mass; Dr John G. Harper, St. Louis, Mo. Published by J. H. Chambers & Co., St. Louis.

*The International Medical and Surgical Synopsis*, 515 Pine street, St. Louis, Mo.; monthly.

*The Dosimetric Medical Review*, conducted in accordance with the method of Dr. Ad. Burggraeve, Emeritus Professor of Ghent University; President of Institute de Medicinc Dosimetrique of Paris, etc., etc. Monthly, \$1 a year. Morrison & Titus, publishers, 47 Broad street, New York.

*American Advertiser Reporter.* A journal in the interest of Newspaper publishers and advertising managers. Published every second Wednesday. \$3 a year. The Reporter Printing Co., 234 Broadway, New York.

Salt instead of sugar, and mutton fat instead of milk, are the articles that David Ker says, in his article entitled "A Tartar Tea Party in the Desert," in February number of *The Cosmopolitan*, were once put into his coffee at a repast with an Asiatic khan. He describes in the same article many other odd and curious things that strange peoples do at table, and the outlandish articles of food that they eat with avidity.

*Independent Practitioner.* Dental and Oral Science. W. C. Barrett, M.D., D.D.S., editor. New York Dental Journal Association, 208 Franklin street, Buffalo. 56 octavo pages, monthly, \$2.50 a year.

Eli Lilly & Co. Annual reunion and banquet to their traveling salesmen was given at Hotel Bates, Indianapolis, Ind., Thursday, December 29, 1887.

*The Journal of Comparative Medicine and Surgery.* Edited by W. A. Conklin, M.D., Ph.D., D.V.S., director of Zoological Gardens, New York city; Rush Shippen Huiderkoper, M.D., Veterinarian (Alfort), Dean of Veterinary Department, University of Pennsylvania, with many eminent collaborators. A. L. Hummel, M.D., publisher, 1217 Filbert street, Philadelphia.

*The Journal of Morphology.* Edited by C. O. Whitman, Director of the Lake Laboratory, Milwaukee, Wis., recently of the Museum of Comparative Zoology, Cambridge, Mass. Crown 8vo. Two numbers a year of 100 to 150 pages each, with from five to ten double plates. Subscription price, \$6 a year. Single numbers, \$3.50. Vol. I., No. 1, September, 1887.

Eli Lilly & Co., Pharmaceutical Chemists, Indianapolis, Indiana, and Kansas City, Mo., price list of Abstracts, Alkaloids, Elixirs, Extracts, Pills, Tablets, Etc.

*The Medical Investigator*, 24 pages weekly, \$2 a year. S. F. Smith, M.D., Louisville, Ky.

—Dr. Selwyn A. Russell, '77, of 23 Lancaster street, Albany, is making a tour of the world, in company with Mr. John H. Rathbone. They sailed from New York February 2d, on the clipper ship "Manuel Llaguno," and are due in San Francisco in from 100 to 130 days.

#### DIRECTORY OF ALBANY CLINICS.

##### TUESDAY.

4 P. M., St. Peter's (Gynecology), Dr. Townsend.  
5 P. M., St. Peter's (Medical), Dr. Hun.

##### WEDNESDAY.

10 A. M., Alb. Hosp. (Gynecology), Dr. Boyd.  
11 A. M., Alb. Hosp. (Medical), Dr. Ward.  
12 M. St. Peter's (Surgical), Dr. Hailes.

##### THURSDAY.

12 M., Med. Coll. (Skin), Dr. Curtis.  
4 P. M., Med. Coll. (Throat), Dr. Bigelow.

##### FRIDAY.

12 M. Alb. Hosp. (Eye), Dr. Merrill.  
5 P. M., St. Peter's (Nerve), Dr. Hun.

##### SATURDAY.

11 A. M., Alb. Hosp. (Surgical), Dr. Vander Veer.

# MEDICAL SOCIETY OF THE STATE OF NEW YORK.

PROGRAMME OF PAPERS AND DISCUSSIONS FOR  
THE EIGHTY-SECOND ANNUAL MEETING AT  
ALBANY, ON THE 7TH, 8TH AND 9TH  
OF FEBRUARY, 1888.

## FIRST DAY—MORNING SESSION.

9:15 o'clock—Prayer by Rev. A. V. V. Raymond.  
THE PRESIDENT'S INAUGURAL ADDRESS.

### PAPERS.

#### MEDICAL SECTION.

- |   |            |
|---|------------|
| R. HOPKINS,                               | Buffalo.   |
| Idiosyncrasy.                             |            |
| H. KRETZCHMAR,                            | Brooklyn.  |
| Use of Alcohol in Certain Forms of Fever. |            |
| J. LEONARD CORNING,                       | New York.  |
| Neuro-therapeutic Memoranda.              |            |
| WILLIS E. FORD,                           | Utica.     |
| Reflex Nervous Disturbances.              |            |
| WILLIAM S. ELY,                           | Rochester. |
| (Title to be announced.)                  |            |

#### SURGICAL SECTION.

- |   |           |
|---|-----------|
| HENRY G. PIFFARD,   | New York. |
| Notes on the Treatment of Lupus.  |           |
| HERMAN KNAPP,   | New York. |
| Extraction of Cataract without Iridectomy; with<br>with a Short Report of 100 Successful Cases.         |           |
| FESSENDEN N. OTIS,  | New York. |
| Demonstration of New Urethral and Bladder<br>Instruments.   |           |
| S. WIGHT,   | Brooklyn. |
| Case of Forward Dislocation of the Ulna.  |           |
| WILLIAM B. DE GARMO,  | New York. |
| Hernia.   |           |
| CLARENCE C. RICE,   | New York. |
| Removal of Laryngeal Growths, with O'Dwyer's<br>Snare, in Conjunction with Intubation of the<br>Larynx. |           |
| FRANK H. BOSWORTH,  | New York. |
| Action of Caustic Applications on the Nasal<br>Mucous Membrane.   |           |

## AFTERNOON SESSION.

(2:30 o'clock.)

### DISCUSSION—ACUTE BRIGHT'S DISEASE.

- |  |            |
|--|------------|
| FRANCIS DELAFIELD,                       | New York.  |
| Pathology and Clinical History.          |            |
| A. JACOBI,                               | New York.  |
| "Acute Bright's" in Children.            |            |
| D. B. ST. JOHN ROOSA,                    | New York.  |
| Changes in the Eye in "Acute Bright's."  |            |
| RICHARD VAN SANTVOORD,                   | New York.  |
| Cardiac Changes in "Acute Bright's."     |            |
| FORDYCE BARKER,                          | New York.  |
| CHARLES JEWETT,                          | Brooklyn.  |
| "Acute Bright's" in the Puerperal State. |            |
| WILLIAM S. ELY,                          | Rochester. |
| Treatment.                               |            |

### PAPERS.

- |   |               |
|---|---------------|
| JOSEPH O'DWYER,   | New York.     |
| Intubation of the Larynx of an Adult; Exhibi-<br>tion of New Instruments. |               |
| EDWARD F. BRUSH,  | Mount Vernon. |
| Bovine Tuberculosis.  |               |

## EVENING SESSION.

(7:30 o'clock.)

### DISCUSSION—SALPINGITIS.

- |                                 |               |
|---------------------------------|---------------|
| WILLIAM GOODELL,                | Philadelphia. |
| PAUL F. MUNDE,                  | New York.     |
| Pathology and Symptoms.         |               |
| CHARLES CARROLL LEE,            | New York.     |
| Causes.                         |               |
| MATTHEW D. MANN,                | Buffalo.      |
| Differential Diagnosis.         |               |
| GEORGE SEYMOUR,                 | Utica.        |
| Prognosis.                      |               |
| FREDERICK A. CASTLE,            | New York.     |
| Medical Treatment.              |               |
| WILLIAM M. POLK,                | New York.     |
| Surgical Treatment.             |               |
| W. GILL WYLIE,                  | New York.     |
| ALBERT VANDER VEER,             | Albany.       |
| Results of Operative Treatment. |               |

### PAPERS.

- |   |           |
|---|-----------|
| W. POTTER,  | Buffalo.  |
| Management of Pelvic Inflammation in Women.   |           |
| ANDREW F. CURRIER,  | New York. |
| Influence of Obesity in Young Women upon the<br>Menstrual and Reproductive Functions. |           |
| WILLIAM M. POLK,  | New York. |
| Vaginal Hysterectomy; with Report of Eight<br>Cases.                                  |           |
| CHARLES CARROLL LEE,  | New York. |
| Treatment of Complete Procidentia of the Womb<br>by Alexander's Operation.            |           |
| A. VANDER VEER,   | Albany.   |
| History of Abdominal Section in Albany with<br>Reports of 75 Cases.                   |           |

## SECOND DAY—MORNING SESSION.

9:15 o'clock—Prayer by Rev. Walter D. Nicholas.

### PAPERS.

- |   |            |
|---|------------|
| WILLIAM H. THOMSON,   | New York.  |
| Distinction Between Functional and Organic<br>Disease of the Nervous System.  |            |
| WILLIAM H. DRAPER,  | New York.  |
| Dietetic Treatment of the Gouty Diathesis.  |            |
| E. V. STODDARD,   | Rochester. |
| Cardiac Medication.   |            |
| JOSEPH D. BRYANT,   | New York.  |
| Treatment of Penetrating Gun-shot Wounds of<br>the Cranium.   |            |
| JOHN H. GIRDNER,  | New York.  |
| Demonstration with the Induction Balance and<br>Telephonic Probe.   |            |
| A. ROSS MATHESON,   | Brooklyn.  |
| Extensive Compound Cranial Fracture; Consi-<br>derable Loss of Brain Substance, Complica-<br>ted with Fungus Cerebri.—Recovery. |            |



CHARLES STOVER, New York.  
The Interdependence of Local, State and National Health Boards; a Plea for their Unification.

#### AFTERNOON SESSION.

(2:30 o'clock.)

##### DISCUSSION—INTESTINAL OBSTRUCTION.

LOUIS A. STIMSON, New York.  
What Constitutes Intestinal Obstruction; Its Anatomical Relations.

WILLIAM C. WEY, Elmira.  
How Long Should Cases be Treated Medically.

ALBERT VANDER VEER, Albany.  
When Should Operative Measures be Resorted to.

ROSWELL PARK, Buffalo.  
Choice of Operations.

ROBERT F. WEIR, New York.  
How Should the Operation be Conducted?

B. FARQUHAR CURTIS, New York.  
Results Obtained by Operative Interference.

##### DISCUSSION—TREATMENT OF TUBERCULAR AFFECTIONS OF JOINTS.

A. M. PHELPS, New York.  
VIRGIL P. GIBNEY, New York.  
Mechanical.

ARPARD GERSTER, New York.  
Surgical.

#### PAPERS.

##### EVENING SESSION.

##### THE PRESIDENT'S ADDRESS.

Assembly Chamber of the Capitol Building at 8:15 o'clock.

##### DINNER.

Delavan House, at 10 o'clock. (Tickets may be had of the Committee of Arrangements, Price, \$1.00.)

#### THIRD DAY—FINAL SESSION.

(9:15 A. M.)

##### PAPERS.

THOMAS R. POOLEY, New York.  
Biographical Sketch of the late Dr. Edwin R. Hutchinson, of Utica.

PRINCE A. MORROW, New York.  
Surgical Treatment of Skin Diseases.

DANIEL LEWIS, New York.  
Remarks on the "Chian Turpentine Treatment of Cancer."

JOHN O. ROE, Rochester.  
The Frequent Dependence of Persistent and So-called Congestive Headaches upon Abnormal Conditions of the Nasal Passages.

The meetings will be held in the Court Room of the City Hall, second floor.

The Treasurer, with the Committee on Credentials, will be at the place for meeting and prepared to register members in attendance after 8:45 A. M. on Tuesday. It is requested that as many as possible will attend to this duty before the opening of the session.

Delegates and Permanent Members will meet after the adjournment of the Tuesday morning session and choose representatives on the Nominating Committee.

At the opening session a motion will be made to limit the time allowed for reading papers to twenty minutes, and unannounced discussion to ten minutes.

Those intending to discuss any paper will please to notify the Chairman of the Business Committee as early as possible.

#### OFFICERS AND COMMITTEES OF THE SOCIETY.

*President*—ALFRED L. LOOMIS, New York.

*Vice-President*—A. M. PHELPS, New York.

*Secretary*—WILLIAM MANLIUS SMITH, Syracuse.

*Treasurer*—CHARLES H. PORTER, Albany.

#### COMMITTEES.

*Of Arrangements*—SAMUEL B. WARD, Albany; EDWARD L. PARTRIDGE, New York; F. C. CURTIS, Albany.

*On By-Laws*—WILLIAM C. WEY, Elmira; HENRY G. PIFFARD, New York; WILLIAM MANLIUS SMITH, Syracuse.

*On Hygiene*—E. V. STODDARD, Rochester; A. N. BELL, Brooklyn; F. C. CURTIS, Albany; J. P. CREVELING, Auburn; WILLIAM H. BAILEY, Albany; EDWARD F. BRUSH, Mount Vernon.

*On Legislation*—LAURENCE JOHNSON, New York; F. R. S. DRAKE, New York; HERMAN BENDELL, Albany.

*On Medical Ethics*—A. JACOB, New York; ARTHUR MATHEWSON, Brooklyn; JOHN W. WHITBECK, Rochester.

*On Publication*—WILLIAM MANLIUS SMITH, ALFRED MERCER, Syracuse; CHARLES H. PORTER, Albany.

*On Business*—FREDERICK A. CASTLE, New York; JOHN W. WHITBECK, Rochester; A. WALTER SUTER, Herkimer.

# ALBANY MEDICAL ANNALS.

VOL. IX.

MARCH, 1888.

No. 3.

## VESICO-VAGINAL FISTULA—PELVIC ABSCESS—RECTAL FISTULA, AND VAGINAL SINUSES FROM PREVIOUS PELVIC CELLULITIS.\*

BY HOWARD S. PAINE, M.D., ALBANY, N. Y.

*(Albany Medical College, '87.)*

In presenting the history of the following cases to your notice, I have nothing especially new to offer, but would report results that required some ingenuity in the application of established methods and an unlimited amount of time and patience.

### CASE I.—VESICO-VAGINAL FISTULA.

The patient, a woman sixty years of age, large, stout frame, was confined twelve years previously, the labor being unusually severe, lasting two or three days. The patient suffered subsequently from severe peritonitis, from which, for a number of weeks, recovery seemed quite improbable. Convalescence, however, began, and slowly progressed to final recovery, with the exception of incontinence of urine. The patient had resided in a region of the state in which competent medical or surgical aid could not be obtained; she was at length, however, persuaded to come to Albany for the purpose of availing herself of such surgical skill as might be required.

The condition of the patient was deplorable in the extreme. She was so feeble as to be able to do little else than cleanse the cloths required by the constant drizzling of urine. The almost

constant contact of the urine with the external parts produced an eczematous eruption, inflammation and thickening of the skin, the pricking, burning and itching of which was almost unbearable. Then, too, the stench about her person, arising from the clothes saturated with urine, rendered her presence indoors exceedingly undesirable. She was of the sandy-complexioned, scrofulo-hemorrhagic diathesis—if I may use the term—indulged in the morphine habit, taking one or two  $\frac{1}{8}$ -oz. bottles each week, and, to cap the climax, had contracted syphilis from her husband on his return from the war. There were present, an irritable chronic bronchial cough, a general inflammatory condition, and a degree of uncleanness that rendered the task of cure any thing but agreeable and the prospect every thing but bright.

At the first examination an opening into the bladder, as large as a silver half dollar was discovered. The opening was nearly circular in form, and its edges were made up of an exuberance of fungus tissue, irregular in outline, of an intensely dark red, even a purple, color, painfully sensitive to the slightest pressure, and which was secreting a glairy,

\* Read before the Medical Society of the County of Albany, Wednesday evening, December 28, 1887.

muco-purulent, and at times a sanguineous discharge. It was also found that only the form of the meatus remained; the entire urethra, base and neck of the bladder and anterior portions of the vagina had sloughed during the first convalescence, thus leaving the anterior wall of the bladder continuous with the anterior wall of the vagina. (Fig. 1.)

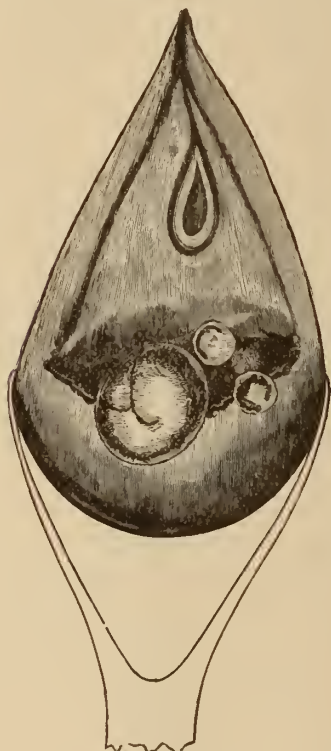


FIG. 1.

It was at once manifest that a preparatory process must be entered upon and persevered in, probably several months, before a successful operation could be expected. The patient was at once given a generous and supporting diet, and applications of the hot water vaginal douche, twenty or thirty minutes at a time, were made at least twice daily. Vaseline was used on the excoriated parts, and a preparation of two drams of benzoic acid and three drams of borax in a pint of water

was given to render the urine neutral or slightly acid and remove the phosphatic deposit that was so annoying. In three or four weeks the fungoid growths were removed, the largest being about the size of a dark cherry. The next step in the reparative process was the dividing of the cicatricial bands as recommended by Emmet, and the introduction of a Sims' vaginal plug, for the purpose of distending the walls of the passage, in order that after the operation there would be sufficient loose tissue to enable the two edges of the fistula to approximate without over-stretching, thereby preventing the stitches from tearing out. Another step in the work of preparation was the opening of a new passage into the bladder, to serve the purpose of an urethra when the vesical fistula became finally closed. To effect this, a curved trocar of medium size was introduced into the cellular tissue where the remnants of the meatus marked the former normal termination of the urethra, then, following the curve of the symphysis pubis, more than an inch, entered the bladder. Into this wound a soft rubber catheter was passed and kept in position a day or two, but an attack of surgical fever necessitated its removal. After the withdrawal of the catheter the wound soon closed. At the end of three weeks the operation was repeated, and, on account of surgical fever, it seemed several times as if it would have to be given up; it was maintained, however. After the continued restorative influence of a warm and comfortable room, good food, entire rest, the stretching of the vaginal walls, and the daily use of the hot water vaginal douche, for several months, so great a degree of improvement was found as to warrant a resort to the final operation.

Accordingly, with the assistance of Dr.



Balch, the operation for the closure of the fistula was performed. Five silver and four silk sutures were so inserted as to maintain the cut surfaces in apposition, the line of union being transverse. At the end of one week it was found that the whole course of the fistula was closed, except at the point of greatest strain, where one of the stitches failed to keep the edges together, leaving a circular opening one-eighth of an inch in diameter. (Fig. 2.)



FIG. 2.

Another operation, for the closure of the small opening, was performed two weeks after the first. On removing the stitches on the fifth day, it was found that a small fissure still remained—smaller than before. This ever-decreasing opening was operated upon several times with like results, until finally when it was the size of a No. 1 eye probe, operated for the last time with a Bowman's canaliculus knife. The atrophied bladder became the seat of colicky pains and

other distressing symptoms. But soon this receptacle, so long idle, began to perform its functions, and the patient was cured.

Three years and over have passed since the last operation, and we find our patient free from the necessity of wearing protecting clothing, able to retain the urine, and self-supporting.

The next two cases illustrate the advantages of passing small rubber bands or ligatures into sinuses left from old pelvic abscesses, the same as is recommended in rectal surgery and practiced with great success.

First let me report

#### CASE II.—PELVIC ABSCESS.

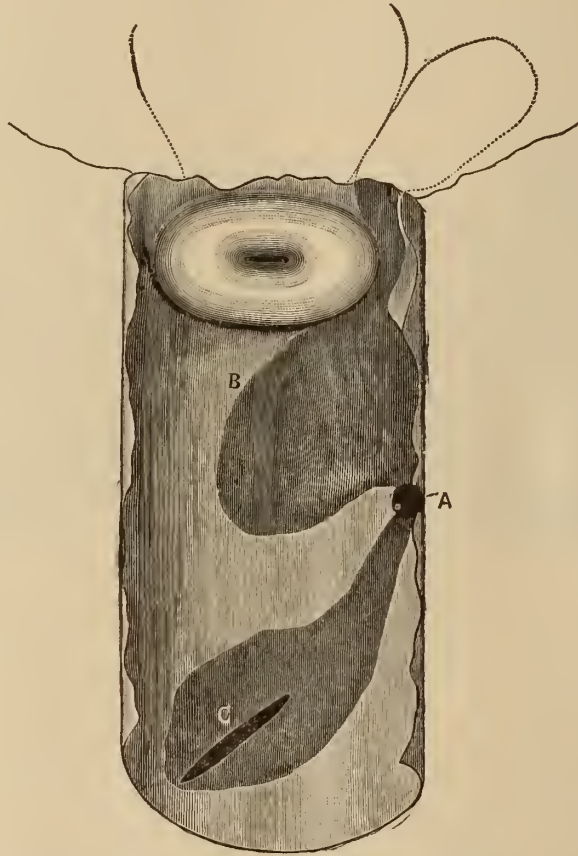
The patient, a woman about thirty years of age, small, slender in form, and not well nourished, had been suffering two years from a constant purulent discharge, disagreeably offensive in odor, and at times so acrid as to produce almost unbearable external soreness, itching and irritation. Pregnancy had occurred and continued four months, during which time the discharge ceased altogether; and after a miscarriage, which occurred without any known cause, the abscess had resumed its original features; in fact, the discharge had increased in quantity and was of a more offensive odor. A digital examination, the patient standing, revealed an enlargement or tumor in the vagina occupying the left upper portion, evidently containing fluid, and crowding the uterus back and to the right side. An examination with the speculum revealed the presence of an abundant muco-purulent discharge from the os; also tortuous, but unobstructed, condition of the uterine canal. Here was a pelvic abscess resembling in form a pear emptying through its stem, which was connected *with* and discharged

through part or all of the left Fallopian tube and uterus. It was also apparent that the drain occasioned by the excessive discharge, the frequent chills, the fever and attendant prostration, from which she was a constant sufferer, were rapidly reducing the patient's strength. Moreover, the presence of so large an abscess rendered the patient constantly liable to an extension to adjacent parts, to peritoneal inflammation, and even to all the dangers involved in septicæmia. In view of these features of the case, the usual operation for emptying the sac, cleansing and gradually closing it by the application of various washes, was proposed and acceded to by the patient. At this time the pulse rate reached about 120 to the minute, and a very decided hectic flush appeared every afternoon and evening.

The sufferer consulted several physicians, whose names are not required, but who very correctly prognosticated certain death from exhaustion in less than six months unless something could be done to arrest the wasting process.

The first operation consisted of the

insertion of the needle of an ordinary hypodermic syringe. On penetrating the tissue half an inch or more, the cavity was reached, and a drop or two of pus flowed through the needle. The opening being enlarged, half a cup of thick and very offensive pus was withdrawn. This opening was maintained, and frequent injections of hot water, with antiseptic and astringent solutions, resorted to for a few days. Then a double-threaded needle was passed from the original opening through the cavity, a distance of nearly two inches, transversely across the vagina, out into the vagina again. The thread was next drawn through, having had an elastic band previously attached. The elastic ligature was tied as firmly as possible and allowed to ulcerate its way through



(A—B). When this occurred and the the bottom of the cavity was well exposed, another large cavity was discovered. This was located behind the left lateral wall of the vagina, and extended diagonally downward and forward between the vagina and rectum, and, ascending on the opposite side of the vagina, ended near the middle of the right labium minora (A—C).

Another elastic ligature was passed from near the original opening to the most distant portion of this cavity, and, in addition, a drainage tube with a single opening was placed so that the cavity could be constantly cleansed by simply syringing through either of the ends left outside of the vulva. By tightening the rubber ligature gradually the tissues were nearly cut through, until a small portion of tissue, only, remained, which, on being divided, released the rubber catheter, and left a cavity, irregular in outline, deep enough to bury a good-sized horse-chestnut.

Subsequent minute examinations of this cavity showed no evidence of the presence of any other sinuses or fistulæ. The diseased and pus-secreting surfaces seemed to be effectually healed. On making a digital examination one month later, it was found that the cavity had been filled, and, but for slight hardness and rigidity of the left wall of the vagina, there were no evidences of any unhealthy tissues remaining.

In this case the vagina had been severed nearly its full length perpendicularly and over half its circumference.

In less than three months the patient became pregnant, and in due time was delivered of a healthy child. Both are now living. The confinement was perfectly normal. It is now four years since the first operation, and no return of the disease has occurred.

#### CASE III.—RECTAL FISTULA, AND VAGINAL SINUSES FROM PREVIOUS PELVIC CELLULITIS.

The last case I have to report is one of unusual interest, and still further illustrates the advantages of rubber ligatures in rectal fistulæ and pelvic abscess tracts.

The patient, a middle-aged woman, was of medium size, and had enjoyed

good health, with the exception of persistent constipation, and on two or three occasions the formation of small external pile tumors, the remains of which the patient desired to have removed.

On attempting to dilate the sphincter, for the purpose of examining the internal surface, a deep fissure was discovered. The patient was placed under the influence of anæsthetics; the internal surface was brought fully into view by stretching the sphincter. The discovery was then made that the fissure was an outlet of a series of sinuses and fistulæ.

At this examination a fistula about five inches in length was easily traced. This canal, starting from the fissure, near the tip of the coccyx, completely encircled the rectum, on the plane of the perineum, and terminated, within half an inch of its outlet, in a cavity rather more than an inch in diameter. The operation for closing this fistula consisted in making two openings, one at its terminus, and one about midway, in its anterior or perineal portion. Rubber bands were passed through these openings and firmly tied. Two other short branches were also treated in the same manner.

When these rubber ligatures came away, the patient was again etherized, the sphincter stretched and two small internal hemorrhoidal tumors ligatured, and two new fistulæ, branches of the first, were found. One of these was divided, and left open; the other tied with elastic ligature.

When the results of this second operation had healed, the patient was again etherized, in order to remove the extra and inconvenient excrescences of tissue that had been rolled out by the tension of the rubber bands.

A careful examination was again made, and this time a sinus was discovered that



passed from near the external sphincter on the right side upward between the rectum and vagina, following the wall of the vagina to a point in the anterior cul-de-sac near the os uteri. Here was another pelvic abscess tract to be healed that had burrowed through the yielding recto-vaginal cellular tissues and found an outlet in the rectum. An ordinary soft catheter, when introduced into this circuitous sinus, passed over two-thirds of its length, and could be plainly felt through the vaginal wall a greater portion of the distance. For some time it was packed with iodoform gauze. Then various strong solutions, such as zinc, iodine, iron, nitrate of silver, etc., were injected through a gum catheter to the farthest portion. The formula recommended for curing herniæ was tried, but all failed; the track was as firm, apparently, as a piece of rubber tubing. It now became a question whether to continue or omit further treatment. To this latter proposition the patient would not assent. Again packing and syringing were tried with no better result.

Recalling the case just reported, the patient was again etherized. The first step in this, the third operation, was that of passing a sound, suitably curved, from the rectum upward to the end of the sinus near the os, at which point a short incision was made to the tip of this sound; next a strong thread was securely looped over the sound which had a slight knob on its end. The sound was then withdrawn two-thirds of the distance towards the rectum, at which point another incision was made to the sound, which was then passed with the thread into the vagina. To the thread was attached a rubber band. This was drawn through and tied firmly. I had

now ligated a vaginal and made a recto-vaginal fistula. The rubber ligature soon came away. No further traveling sinuses were to be found in the tract. The next step comprised the closure of the lowest end of the sinus. The sound was again entered from the rectum. This time a new but small branch was found, and the sound passed to the distal extremity of the branch. An incision was again made to the tip of the sound, and when it came into the vagina, thread was again attached. This was drawn out into the rectum. A long needle was then threaded with the end of the thread when detached from the probe, and passed parallel with the outside of the perineum into the vagina and the thread removed. A piece of silver wire was attached to the thread and drawn through the remnant of the sinus and into the vagina again, encircling nearly all the old sinus. The small rectal portion remaining was freshened and sutured, as in recto-vaginal fistula. The sutures were left in place several days. The silver wire was not tightened until the rectal portion was thoroughly healed. Daily applications were made to the sutures in the rectum and syringing through the vagina, following the course of the silver wire, kept the parts healthy, and union soon took place. The rectal stitches were removed, and the wire in the vagina was twisted from day to day until it cut its way out. A slight ulcer remained, which soon healed. In this case the vagina was severed its whole length, as well as the perineal portion of the recto-vaginal wall. One year has nearly elapsed, and the patient remains entirely well, being free from piles and constipation and enjoying better health than for several years.

## THE CONTRAS AND PROS OF THE CUTTER STEM PESSARY, WITH A DESCRIPTION OF A NEW PLATINA-PLATED SOUND.

By EPHRAIM CUTTER, M.D., LL.D., HON. F.S.SC. (LOND.), NEW YORK.

AUTHOR OF A CONTRIBUTION TO THE TREATMENT OF UTERINE VERSIONS AND FLEXIONS.

[For Albany Medical Annals.]

### I.

*Contra.*—"No stem pessary can be worn."

This statement was uttered by a very notable gynecologist (whom I will call Dr. A.) at one of the public meetings of the American Gynecological Society some years ago.

*Pro.*—After the meeting, the writer sought out a Dr. B. and asked him to be introduced to Dr. A. After this had been done, I said: "Dr. B., will you please tell Dr. A. how long your sister wore my stem pessary?" He replied: "Three and a half years." "You see, Dr. A.," said I, "they cannot be worn," and added a laugh, in which all joined.

*Note.*—In justice to Dr. A., I should state that he was asked if he used stem pessaries, and said, "No," but that if he did, he should use Cutter's, which was a noble reply.

### II.

*Contra.*—"If your sister wears this stem pessary" (which I proposed to use), "it will kill her." This was a remark reported to me by the sister, as made by a gentleman of the medical profession about one year ago, and probably represented the conventional opinion as to this instrument.

*Pro.*—The pessary was worn, and the patient lives. I do not mean to say that the instrument was borne, for it was not; but I do affirm that my patient was not killed. She said that the suffering from the pessary was as nothing compared with those she had undergone without the pessary.

Others have said, "These instruments are sure death."

I boldly affirm that in my experience of sixteen years I have not met with a single death that could be charged to these instruments.

### III.

*Contra.*—"The stem pessaries cause inflammation, interstitial and perimetric, and hence should not be used."

*Pro.*—This is a direct statement, embodying an opinion that is not to be mistaken, and is intended to be a complete bar to the use of this stem pessary.

If the gentleman had said, "Some stem pessaries," etc., then it would not cover all stem pessaries for all time and all cases, and it would give a chance to say that it makes a great difference—

Who uses the stem pessary.

Whether the physician is competent.

Whether the case is suitable or properly prepared.

Whether the instrument is properly prepared.

Whether the hyperæsthesia, indurations, perimetric, vaginal, intestinal or systemic conditions of the patient are right for it.

But I cannot take any of these qualified statements, and I am forced to fight this unqualified statement by facts.

Now, if I can show that any one of my patients has worn a stem pessary and no uterine inflammation, interstitial or perimetric, has followed, then it must be acknowledged that *contra* III. is not sustained.

The patient whom Dr. B. reported (as above) as wearing my stem pessary for three and a half years, completely disproves the universal contra III. I might adduce other cases, but as one stone was enough to kill Goliath, so one positive, well-marked case, that wore without any inter-, intra- or perimetric lesions, my stem pessary for three and a half years, must answer to kill contra III.

## IV.

*Contra.*—"This stem pessary causes pelvic abscess."

*Pro.*—Yes, it did cause pelvic abscess in one case, but it was done by the husband connecting with his wife while she was wearing a stem pessary. Had he let her alone, then there would have been no trouble. The abscess was very large, located behind the uterus, and crowded it up against the pubic bone. It was aspirated at maturity, and the patient was kept on the Salisbury plans of diet, hot water and tonic medicine. She made a perfect recovery. There are no remains of the abscess, and at last examination the uterus was in normal place. The patient for about two years since has done her housework, save sewing and washing, by preference.

This is the only case I have known of a pelvic abscess occurring while or after one of my stem pessaries was being worn. This stem was invented in 1871.

## V.

*Contra.*—"The stem pessary causes irritation."

*Pro.*—I had such a case of irritation where the history previous was like the last. Had the husband been continent, there would have been no trouble. I make it a rule to gain the consent of the husband before the pessary is used.

The objection is not valid, as coition

should be eschewed while the patient wears an instrument.

The rule is not to use the stem pessary unless the hyperæsthesia of the vagina or womb is removed beforehand by treatment, usually by the iodoform vectores of Swift and Foote. I have known one application of a uterine iodoform vector to reduce the uterus from three and one-half inches depth of cavity to two and a half inches in one month. Vaginal capsules of iodoform also are to be used to remove the vaginal irritation.

Again, the uterus must not be enlarged when the stem is used. There must be no perimetric trouble nor abscess beforehand.

I have had a few exceptions to this rule. One, for example, where a fibroid big as a fist grew out of the fundus of the uterus, outside; anteversion and flexion; hyperæsthesia; passive congestion, and double inguinal hernia. For the fibroid she was dieted; for the hernia a double truss was used; and for the version and flexion a Cutter stem pessary. The tumor entirely disappeared, while the stem was worn for about two years. In the meantime the whole bearing became that of perfect health.

## VI.

*Contra.*—"The stem is a dangerous thing to use."

*Pro.*—Yes. As follows, for example. A young woman of cultured manners and fine appearance called on me once and said: "Doctor, I want to get one of your porcelain stem pessaries. Dr. — sent me here for it, who is a professor in a medical college in —, and my brother, Dr. —, is editor of the — *Medical Journal*." I said: "Please tell me whom do you want it for, yourself or some one else?" "For my mother," she said. "Who will apply it?" "I will,"



was the reply. I told the lady that she could not have one; that I was amazed at the proposition; that I did not know whether the case was a suitable one; that the idea that she, no matter if backed up by a medical journal editor and a professor, was going to apply a stem pessary, which it took professional skill and practice to do, was preposterous; and that I did not wonder if pessaries did come into disrepute, when used in such a way as proposed. The lady did not say much, but retired with much dignity, evidently much offended.

This leads me to say that I once saw a lady who had worn one of my stem pessaries for four years with great benefit, and, she said, with this history: A physician told her to go to Codman & Shurtleff to get a Cutter stem pessary, and to apply it herself. She got the instrument, but could not apply it. Then, not finding the astute doctor in question, she went to another who applied the stem, and it chanced to be successful. But what advice for the first medical man to give to any woman!

I knew a physician who told a lady's husband to get at Codman & Shurtleff's a Cutter retroversion pessary for his wife and let her apply it herself. It was done, with the result of aggravating her troubles. Come to find out, there was *anteversion* of the womb, and of course the retroversion pessary aggravated, as it could not do any thing else.

Must pessaries have the blame of their mal-use? The conventional ideas about pessaries are very crude, and good pessaries suffer with the bad.

#### VII.

*Contra.*—"The uterus is so small an organ, weighing but a few ounces, that the matter of its being out of place is a trivial one, and it will either right itself

or prove the cause of no inconvenience to the patient. Let the womb alone and it will get along. I condemn *in toto* all uterine instruments." Such were the dicta of an old, rich physician to the writer in 1876.

The *vis medicatrix nature* is a great thing, and without it we should die, of course. The power of recovery in the womb is a great factor. Hippocrates recognizes the mobility of the womb, and says ungallantly, "It gads about like its owner." I have found the uterus in a healthy person *anteverted* just before the menses; after the menses, *retroverted*; midway between the menses in normal position, to wit, the axis of the womb slightly inclined forwards to the axis of the vagina, just as it is when the Cutter stem is worn. In the normal condition, the uterus may be verted forwards, backwards or laterally, but it can and does recover its normal position, the same as when a person is well and tumbles down, unhurt, that person will recover normal erect position automatically; but if the fall has disabled the person by a rupture of a muscle or fracture of a limb, that person will need assistance before regaining the normal position.

The uterus, when it is out of place so that it stays there and cannot recover itself, needs help; and if not helped, it will put forth signals of distress. It acts as if automatic, like the brain. If the pains are disregarded, then, curiously enough, they leave the pelvis and are telegraphed off to other sites—the head, feet, chest, stomach, limbs, etc. This is not because the central trouble is removed, but that the manifestations of the trouble are transferred to some other localities.

I once saw a patient whose womb was normal in size, but bent on itself double;

the fundus and os uteri were side by side, like a horseshoe closed up. The uterus was not sensitive nor the site of pains, but she suffered untold torments in other parts of the body. I could not relieve her.

Why the following history, if displacement had not something to do with it? A lady, who had anteversion and ante flexion of the uterus, sent for me, saying, "My head has troubled me much lately, and my mind is confused. I cannot read even my Bible, and when I cannot read the Scriptures, I think it is about time that something should be done." I replaced the uterus with a sound and introduced a stem pessary, with immediate relief to the troubles complained of.

I have had so many such cases that they cannot be coincidences.

Again, I have noted in many cases where my stems have been worn, properly fitted and seen to, that there has been a development of the form and bust to a surprising and pleasing degree. The ribs have been elevated, the breasts have filled out, and the whole presence improved from the puny, scrawny condition of before. And when such patients have presented themselves with the flush of health, I have sometimes thought it was worth while to be a physician and to relieve people's ailments.

I think *contra* VII. is not sustained by my experience, and the lady who could not read her Bible when her uterus was out of place thought so too.

As to letting "the womb alone and it will get along." If I can judge any thing from the behavior of cases I have had which were of short standing and which got well in a short time by the use of the uterine sound only, employed but a few times, I should say that it was a *very important matter to attend to the le-*

*sions of uterine place in their early history.*

These cases occur among young virgins, and are the easiest handled of any that I have met; so that the letting alone process is not a good one in my experience, because after a uterus has been out of place many years it is harder to treat it. Sometimes displacements have existed so long as to be incurable; the ligaments are stretched so that they will not contract nor respond to treatment, and are subjects for Alexander's operation.

*Ignoring a disease is not curing it*, the mind cure notwithstanding. Indeed, the *contra* would read well in the dicta of the modern Christian scientist, who cures (?) diseases easily by ignoring them.

I remember the case of the daughter of a physician, deceased, who had symptoms referable to uterine lesions of place, but she refused all aid, ignored her disease until it was so chronic as to be incurable, and she died from it, though all was done that could be for the lesion and she had the greatest care. Her case shows the fallacy of "letting the womb alone and it will get along."

#### VIII.

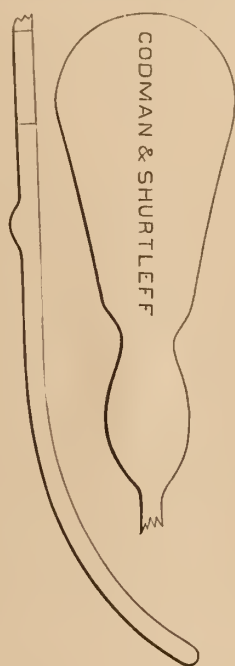
*Contra.*—"No foreign substance can be borne inside the womb."

*Pro.*—This is said in the face of the use of Simpson's sound and galvanic stem pessary and of my own intra-uterine stem for seventeen years.

These experiences show that things have been tolerated inside the womb, and that the objection, unqualified as to time, place and subjects, is not true. Facts are greater than opinions not based on facts.

Lately I have seen a tirade of positive and universal statements made against the use of the uterine sound. I am willing to admit that I do not like the ordi-

nary uterine sound. It is too large for the diseased uterus. I have used a nickel and platina plated No. 1 vesical sound (see cut), slightly bent at the distal end, with a knob at the distance of two and a half inches from the end. For my service I find it answers my purposes admirably. Sometimes I find even this too large. In these cases I do not force it in at all (one must be very gentle in all intra-uterine procedures), but I apply an iodoform vector (Foote & Swift) as far as



it will go without forcing, for five or ten minutes, and the next day or two try the sound again. If there is resistance, I apply the vector, and so on until the uterus can be entered without pain. I am confident that many times there are uterine spasmodic and hyperæsthetic contractions which close the internal os and bar out the smallest sound even. Iodoform will anæsthetize, quiet and heal this spasm, and then the way is clear for mechanical interference. I make it a

rule always to prepare the womb for the sound or pessary as said before. In this way cases have been treated which it would have been impossible to treat, years ago, without the vectors.

The accompanying cut is a full-size representation of probably the first steel uterine sound plated with platinum, done by Codman & Shurtleff, of Boston. Finding they had discovered how to platinum plate hypodermic needles, and that they were found admirable as to the contact with the flesh, keeping clean, immersed in mercuric bichloride solution, nitric acid or nitro-muriatic acid, I had Mr. Shurtleff plate my sound, to my subsequent delight. Prof. T. G. Thomas has kindly examined it, and expressed a like delight with mine. The length is seven and a half inches. The size, the curve, the form of handle and the steel rigid base of the uterine sound here given have met my wants as to a sound for uterine work.

#### IX.

*Contra.*—"Your stem pessary is correct in principle and good if it can be worn."

*Pro.*—The converse of this must be true—*i. e.*, if it cannot be worn, it is incorrect in principle and bad.

Now, these positive statements are negatived, if one case can be brought forward where they have been worn. I will adduce several.

(1) An English noble lady left New York about two years ago for her home, and crossed the Atlantic ocean with one of these pessaries in her. It gave no trouble, but conferred relief.

(2 and 3) A lady and her daughter both went to California via the Isthmus of Panama, each wearing a stem pessary. They removed them after having been in California some time.



(4) Another lady wore a stem pessary and traveled from Boston to Duluth, Minn., and afterwards to Richmond, Va., where she danced at a ball.

Certainly these pessaries were worn, and I am much obliged to the objectors for giving me the chance to prove that they are correct in principle and good.

X.

I would also remark that I have been held up by some as a reckless, careless fellow in the invention and use of my stem pessaries. Such have not read the carefully drawn directions that have been given in my work entitled "A Contribution to the Treatment of the Versions and Flexions of the Unimpregnated Uterus," in which it states—

That not all uterine cases can wear a pessary.

That the uterus and vagina should be prepared for the pessary.

That the pessary should give aid and comfort.

That it should not cause discomfort nor trouble; if it does, remove it and prepare further with iodoform, iodol, tincture iodine, etc.

That it should be applied after proper measurements, so as to be accurately fitted.

Allowance should be made for the uterus rising after a time in the pelvis, and a new and longer pessary should be substituted.

That the perineal hook of pessary should not touch the body by one-half inch.

That it should not touch the substance on which patient sits. Genital pads are sometimes used when patient is very thin.

That the pessary should not hurt when touched.

That the uterus should not be allowed to swallow the disc.

That the movable disc should be watched to see that it does not come off, as sometimes happens. The instrument maker should put the disc so as not to be loose nor too tight.

That the integrity of the rubber suspensory cord should be maintained by substitution of a new one.

That none but careful and conservative physicians should apply stem pessaries.

That the patient should go to bed when the stem is applied.

That the stem should not be applied at the office of the physician, but in the domicile of the patient.

That no violent exercise, running, jumping, riding horseback nor gymnastic feats be done.

That for the first three days great care should be had, as that time is the critical period for the instrument.

That the patient should not be forced to wear the stem if it hurts.

Neither if there is profuse hemorrhage. A slight hemorrhage may be a passive one and not of account.

That it should be worn during menstruation.

That it should be worn till the ligaments regain their normal length and tone.

That a diet of two-thirds animal food and one-third vegetable food should be eaten.

That ammonia sponge-baths should be used once or twice daily.

That exercise should be moderate.

That she must remove the stem if it hurts her.

That during defecation special care be taken to hold the pessary, for the expulsive acts do more harm than any thing else.

That it may occasionally be removed by the physician for cleanliness.

That the waist belt can be removed during baths and a tape supplied.

That the tension be not too tight nor too loose.

That the belt had better go on next the skin.

That corsets are better off than on.

That all clothing should depend from the shoulders, not the waist.

That comfort corsets on which the skirts button are best for patient.

That the patient should learn the feel of the pessary when straight, so that the instrument may not be crooked.

That there should be no lateral *twist* of hook.

That, finally, the Cutter stem pessary keeps the uterus in normal place, allows contraction of the transverse vaginal muscular fibres with the minimum of distension, and keeps in place all the time after it is properly applied.

## CORRESPONDENCE.

### THE QUESTION OF TONSILLOTOMY.

60 COLLEGE AVENUE, }  
TORONTO, CANADA, Feb. 28, 1888. }

*Editor Albany Medical Annals:*

DEAR SIR—Some friend kindly sent me a copy of your admirable journal for February. In it I observe an abstract from an article of mine in the *Canada Lancet* on abscission of the tonsils. Sandwiched between a very interesting and instructive article on *Hemorrhage after Tonsillotomy*, by Dr. L. E. Blair, and an item entitled *Alarming Hemorrhage after Tonsillar Excision*, I find this statement of my own: "I have never met with serious hemorrhage, and am inclined to think the danger much overestimated." The contrast between this statement and preceding and succeeding histories is so great as to demand some explanation.

For a good many years I have observed rules for myself which have, I believe, kept me out of a great deal of trouble. The are:

(1) Never remove a tonsil at a patient's house.

(2) Never operate without every means of arresting hemorrhage at hand.

(3) Never operate on adults if you can avoid it.

I do not operate at patient's home, because the light and other arrangements are generally unsatisfactory, some part of my impedimenta is apt to be left at home, and because it is more difficult to control a young patient surrounded by familiar faces and sympathizing friends. I never operate without gallic and tannic acid, liq. ferri perchlor., and the galvanocautery at hand ready for use. I avoid operations for excision of the tonsil in adults, being content with galvanopuncture, scarification, or introduction solid nitrate of silver into the glands.

While, therefore, I am quite aware that serious hemorrhage does occur in rare cases, yet I feel justified in stating that, observing the precautions I have mentioned, "I am induced to think the danger overestimated."

Yours very truly,

G. STERLING RYERSON, M.D., C.M.,  
L.R.C.S. Edin.

## FATAL HEMORRHAGE AFTER PUNCTURE OF TONSIL.

TROY, N. Y., *February 13, 1888.*  
*Editor Albany Medical Annals:*

I recollect that about fifty years ago the late celebrated surgeon Cusack, of Dublin, Ireland, and a party of friends were enjoying themselves shooting on the bogs near Tipperary, Ireland. On that occasion a woman was brought to him laboring under tonsillitis or abscess. The surgeon examined it, took out his lancet, and plunged it into the tonsil. The result was that the woman died in five minutes. It was supposed that he wounded the internal carotid artery.

The surgeon could not "go as you please," but had to run for his life. His friends protected him to his jaunting car, and they drove with all speed to the nearest mail coach route, which they happily succeeded in reaching, and got to Dublin safely. If the Tipperary fellows had caught him, they would have finished him in short order.

I knew about the occurrence, as I was within a few miles at the time of the unhappy affair.

H. C. MURPHY, M.D.

## OPERATIVE TREATMENT FOR INTESTINAL OBSTRUCTION.\*

## DISCUSSION.

DR. ALBERT VANDER VEER complimented the valuable and exhaustive paper of Dr. Morrow, and said there was no portion of medicine where so much was being done as in abdominal disorders and their surgical treatment. It was very important that cases should be reviewed carefully and an exact history recorded.

(The cases in which the peritoneum was greatly involved were considered by Dr. Vander Veer, who spoke of their diagnosis.)

When starting with inflammation at the cæcum, well-marked symptoms usually present themselves; the cause of the trouble may be either gradual or rapid. Cases rapid in their course have been successfully operated upon by abdominal section. In the female, after pelvic inflammation, the symptoms are more obscure, but we may find out the nature of the trouble. Traumatic causes, such as a rent in the mesentery, old adhesions, etc., give a prompt train of symptoms, so that we can locate the trouble. The treatment by opium of all cases of peritonitis, as recommended by the late Dr. Alonzo Clark, is often serviceable, but we must remember that cases of general peritonitis where the sac is filled with gas, or suppurating, do not get well under opium, but surgical aid is called for. Prompt action is necessary, and mere abdominal incision and drainage have added to the list of recoveries. In cases of general peritonitis where there is no

pus, but lymph is thrown out, there is not always actual obstruction, but paralysis of the intestines, and they may be filled with gas. Tait's idea of opening the gut, in these cases, and arranging an artificial anus, has not been practiced to any extent. Aspiration is not much used, but two cases seen in consultation, where this treatment was adopted, recovered. In cases where the disorder arises from gall-stones ulcerating their way downward, operation is called for, and is often successful. The shock of operation, so much talked about, is not so frequent as the fact that the operation is delayed until the patient is exhausted. The best operation in these cases is the median incision; it gives a better chance to get at the intestines and wash out the peritoneal cavity than a lateral operation. Always give the patient the benefit of the chance of the incision giving relief. In the past six months great evidence has been accumulated in favor of operating in these cases.

President TOWNSEND asked if Dr. Vander Veer had ever seen a case of intussusception where it had been found by incision.

Dr. VANDER VEER could refer to reports of at least three cases where intussusception has been found and the surgeon been able to release the knuckle or whatever the form of obstruction it may have been.

Pres. TOWNSEND remembered a case of Dr.

\* Discussion, Wednesday evening, November 2, 1887, on Dr. S. R. Morrow's Vice-President's address, entitled "Remarks on Intestinal Obstruction" (ALBANY MEDICAL ANNALS, October, 1887.)



Vander Veer's, which he had seen with him, in which the incision proved of service in finding the obstruction, though it could not be removed, yet it would have indicated a suitable spot for a colotomy, and so much might have been gained. Thought abdominal section a great success and a very great aid in diagnosis.

Dr. VANDER VEER added that more lately this same case mentioned has improved, and has had several fairly natural passages from the rectum; so the operation and manipulation did do some good. If colotomy had been performed in this case, it would have been left inguinal.

## ABSTRACT A.

ABDOMINAL SECTION FOR RUPTURED TYPHOID ULCER, FOR INTESTINAL OBSTRUCTION, AND FOR PERFORATION.—Dr. R. B. Bontecou, Surgeon to the Marshall Infirmary, Troy, N. Y., reports seven cases of abdominal section, in *The Journal of the American Medical Association*, January 28, 1888.

On the fifteenth day of *typhoid fever*, James D., æt. 25, had a morning temperature of 104°, and complained of nausea and right iliac pain. On the seventeenth day section was made, and perforating ulceration of the appendix was found near its base; this was ligated and removed. Further search revealed a perforation of the ileum, about one line in length, ten inches from the colon. This was turned in, and peritoneal surfaces were sutured by Lembert sutures. The man expired before he had recovered from the anæsthetic. Drs. Lomax, W. W. Seymour, H. Gordinier and N. F. Martin assisted in the operation. Time was an important element in the operation; otherwise at the cut extremity of the appendix the peritoneal surfaces would have been sutured in apposition.

Dr. Bontecou adds that if the operation had been done soon after the first perforation, two days before, the patient might have recovered; the operation cannot impair, but certainly improves, the chances.

*Supposed Perforation of Appendix.*—A widow, æt. 45, in health, was seized with pain in the abdomen, with tenderness in the right iliac region. When seen, after four days, the temperature was 102°, pulse 115, dorsal decubitus, dullness over right iliac region, and a faint sign of fluctuation, which seemed to indicate localized peritonitis with suppuration. Two days later, May 31, 1887, assisted by Drs. W. W. Seymour and H. Gordinier, an incision four or five inches in length between the anterior spine of the ileum and the um-

bilicus liberated pus mingled with feces. The pus cavity was so walled in by adherent intestines on its upper and inner border, that it was simply cleansed and the wound closed over a large rubber tube. The tube remained three weeks, and the cavity was washed out several times a day. Feculence ceased to escape from the tube in ten days. In one month she could walk, but could not stand erect on account of intestinal adhesions to the abdominal wall. Her bowels were moved with difficulty from the same probable cause. Four months later an abscess appeared on the site of the abdominal wound, but healed in a few days. The woman has since that time remained well and active.

*An Explorative Abdominal Section* was made in a man æt. 74. Pain, decubitus, rational and physical signs indicated peritonitis from perforation. Median section in the lower segment was made about thirty-six hours after the first symptoms. Dr. M. H. Burton, his attending physician, and Drs. W. Akin, J. W. Morris, H. Gordinier and R. H. Sabin assisted. No perforation was found. Turbid serum escaped when the peritoneum was opened. Peritonitis continued. Death forty-eight hours after the operation. The cause of the peritonitis is conjectural.

Four other cases of Dr. Bontecou's were for *intestinal obstruction*.

In one, assisted by Drs. H. Gordinier, W. W. Seymour and J. W. Morris, a brilliant recovery ensued. The wound was closed by Dr. W. W. Seymour, who used for the first time a very good mounted needle invented by him for the purpose of abdominal sutures.

[Dr. Bontecou brought this patient to the Medical Society of the State of New York, in Albany, on February 8th, and exhibited the scar, about four inches long, and related the history of the case.]

In two of these cases the obstructions were relieved by easy manipulation, but the patients died because the operation had been deferred until collapse was announced. In one of these Drs. W. H. Hall and A. Hewett assisted; in the other of these Drs. M. H. Burton, whose patient he was, W. Akin and J. W. Morris.

In another, seen in consultation with Dr. H. C. Murphy, the abdomen was opened by a free median incision in the lower segment. Although antiseptic precautions were not used, and a schirrhous mass involved a part of the gut, yet the patient was free from peritonitis and doing well, until she accidentally discovered with her fingers the large pins which held the abdominal wound, and fainted, and did not rally from the shock.

*The Journal of the American Medical Association* gives, in connection with the paper of Dr. Bontecou a case of *perforation-peritonitis*, by Luecke, of Strassburg (*Deutsche Zeitschrift fuer Chirurgie*, Nov. 30, 1887), in which the patient began to collapse suddenly after drinking a glass of cold beer. Kussmaul advised an operation, which was done by Luecke, April 24, 1887, but the date of the attack is not given. Dimethyl-acetal-chloroform was used, and is preferred by Luecke in operations on the abdomen. Pus with flocculi of lymph, but with no fæces, and a small quantity of gas escaped. No perforation was found. The abdominal cavity was washed and closed. Kussmaul and Luecke agreed in the view that perforation had taken place in a small ulcer, by which only a minimal amount of intestinal contents had escaped, and set up acute purulent peritonitis. But localized peritonitis of slow development set in. On June 30 an incision about two inches long was made parallel with the free border of the ribs on the right side, through which the upper surface of the liver could be felt, and about 3,000 ccm. (or say three quarts) of pus was evacuated. A large drainage tube was put in and the wound dressed with iodoform gauze. It is probable that a sacculated peritonitis had been set up starting from the seat of the former peritonitis, had penetrated the diaphragm and ruptured into the pleural cavity. The drainage tube was thrown out, and the wound caused so much trouble that on July 18th it was enlarged, a portion of the seventh rib was resected, and again a

large quantity of pus escaped. From this time the patient went on to recovery.

Such cases have, of course, a more favorable prognosis than in perforation from typhoid ulcer, yet the patient would have died if the operation had been postponed to give the "conservative" treatment an opportunity to show—that it is any thing but conservative.

The *St. Louis Weekly Medical Review* of February 11, in reviewing Dr. Bontecou's cases and this of Luecke's, says: "Although we know of no case of perforation of the intestine in typhoid fever in which the patient recovered after an abdominal section, the result with Luecke's patient certainly encourages us to believe that, in selected cases, it may yet be proven that life can be saved by surgical interference."

INCISIONS AND HEMORRHAGES OF THE CERVIX UTERI DURING LABOR.—Dr. Skutsch read a paper on this subject before the German Gynæcological Society, at Wiesbaden, September, 1887, of which the following is an abstract:

Cases are not very rare in which the inclination is urgent to terminate the labor in the interest of the mother or child while the cervix is not sufficiently dilated to permit the extraction of a un mutilated child.

Withal, the dilatation may be normal, but not far enough advanced, or it may be pathologically delayed (rigidity of the os uteri, agglutination of the external os, insufficient dilatation associated with cramp-like pains). While treatment is simple in those cases in which the obstacle lies merely in the os (bloodless dilatation, short incisions), if a rapid termination of the labor becomes necessary, forcible dilatation may be recognized also of a part or the whole of the canal above the external os. This can be effective only by free incisions of the cervix.

Short incisions in rigidity of the os uteri are largely recommended; deep incisions are generally cautioned against, owing to the dangers connected with them, such as infection, hemorrhage, and further tearing of the cuts. These cautions are perfectly justified when the cervical canal is still long. But in cases in which rapid termination of the labor appears necessary, and there is only narrowness of the lower segment of the cervix (from the

junction of the posterior vaginal vault downwards), the indications for incisions serving to hasten the labor and save the life of the child might be somewhat extended.

The danger of infection may be looked upon as done away with, since we have learned to conduct labors aseptically. The danger of hemorrhage, however, is considerable in cases in which the lower part of the cervix is not yet dilated and the presenting part exerts still insufficient compression on its walls. But the hemorrhage can be certainly controlled by a simple procedure, in incisions reaching no farther than to the vaginal vault. The procedure may be illustrated by a case of labor in which the necessity for rapid termination of the delivery arose in order to save the life of the child, at a time when the lower part ( $1\frac{1}{2}$  cm.) of the cervical canal had not yet dilated. The os having been exposed by a grooved speculum, six incisions, each about two centimeters long, were made with Schultze's bent scissors. Profuse hemorrhage occurred immediately from the first incision, and was arrested by suturing the wound surfaces. Button-sutures all over the gaping incision united the cervical with the vaginal mucous membrane. The hemorrhage was arrested successively after each incision before the next was made. The threads were left long, so as to serve for subsequent traction. After these incisions, the opening enlarged sufficiently to permit the extraction of the child with forceps. The placenta having been expressed, two slightly bleeding lacerations which had occurred in continuation with the posterior incisions were closed with catgut sutures. The previous sutures placed for the arrest of the hemorrhage were removed successively and the incisions stitched with catgut. The child was living and the puerperium normal. By proceeding as in the case cited, *i. e.*, by arresting profuse hemorrhage from an incision with sutures around the wound surface before making the next incision, the hemorrhage can be certainly controlled where the cuts extend to the junction of the vaginal vault. It should be permissible to cut open the cervix to that point when insufficiently dilated, for the purpose of rapidly terminating a labor where this appears necessary.

While, in the case of rigid os, small

incisions into the tense ring are preferable, where the entire undilated lower cervical segment is to be rendered passable, it is advisable to incise first the right and left sides, if need be as far as the vaginal vault, and only when these cuts do not suffice to go in another direction, especially postero-laterally. After the labor is terminated, the temporary sutures for the arrest of hemorrhage are to be opened and the incisions closed by sutures like those used for recent cervical wounds.

When the incisions tear farther, the lacerations should be closed by suture, if possible; the threads which have been left long permit a rapid exposure of the field of operation. Should a lateral incision have torn far into the parametrium and given rise to profuse hemorrhage, the uterine artery can be circumligated from the vaginal vault.

In a case of considerable hemorrhage from the right side of the cervix, the author performed this circumligation with an ordinary curved needle. Perhaps it might be better to make a small incision into the mucous membrane, and then do the ligation with a blunt aneurism needle.

In all these manipulations, it is important to be guided by the eye. In obstetrical manipulations, this rule should be followed more generally than hitherto; the curved speculum should not be wanting in any obstetrical bag.

A search through the literature revealed a brief communication recording a case operated on by A. Martin, which must be mentioned; in a labor associated with cicatricial stenosis of the os, incisions were made, the wound margins stitched, and the uterine artery ligated to arrest a profuse hemorrhage. It should also be stated that suturing of the wound surfaces has been performed in dissection of the cervix in gynecological cases.

[The above is worthy of careful study for the reason it shows a remarkably heroic remedy in circumstances which on this side of the "Pond" are exceedingly rare, outside of a decided cicatricial state of the cervix. (And it is well to remark that a cicatricial cervix in unimpregnated conditions, to all intents and purposes becomes markedly changed as term approaches.) We can only feel that other methods are to be preferred to the one advocated by Dr. Skutsch. Fortunately the



conditions, even from the standpoint of Dr. S., calling for these procedures are rare, and it is questionable whether the risk to the mother is fairly worth the possible death of the child. In skilled familiar hands it may be. No statistics are presented to show results.—ED. REV.] — *Weekly Med. Rev.*

PREPARATIONS OF EXTRA-UTERINE PREGNANCIES.—Mr. Lawson Tait exhibited a series of ex-specimens of extra-uterine pregnancy in all stages of development from the earliest known case of tubal rupture, which apparently had occurred between the third and fourth week, up to a section of a cadaver at full term. The interest of these cases lay chiefly in the fact that they completely established the view as to the pathology of extra-uterine pregnancy which Mr. Tait had first published in 1873; that all extra-uterine pregnancies were due to the impregnation of the fertilized ovum on the denuded wall of the Fallopian tube; that the tube was distended up to its bursting point, which generally was from the tenth to the thirteenth week. The condition of the subsequent pregnancy depended entirely upon the point at which that rupture took place. If the rupture was into the peritoneal cavity, then death took place from hemorrhage, and twelve of the specimens shown were illustrations of this. If, on the contrary, the hemorrhage took place into the cavity of the broad ligament, the hemorrhage was slight, and the pregnancy might go on to full term. Many of these cases, however, did not go to the full term; the fetus died, and was thrown off by suppuration through the bladder, rectum, or into the vagina, or ended in the formation of a lithopedion. A few well recognized examples of these were found in almost any museum. The minority of cases went on with the child living to full term, and could be operated upon. Mr. Tait had operated seven times under such circumstances. That the danger of rupture into the peritoneum was great was shown by the case of early rupture alluded to, where the patient was well at two o'clock in the afternoon, and was dead from hemorrhage from a small point of rupture in the tube at nine o'clock at night. In occasional instances, if rupture took place into the abdominal cavity, the placenta was separated from the tube and obtained new at-

tachments. As one example he showed a preparation from a patient in Nottingham—to which town Mr. Tait was suddenly summoned to perform abdominal section on account of the condition of ruptured tubal pregnancy previously recognized by Drs. Hunter, Mackie and Brookhouse. He opened the abdomen, removed the fetus, the placenta, and stump of the tube, and tied the latter. As soon as this was done the brisk hemorrhage ceased, and a part of the placenta which had become implanted on intestine at the back of the uterus was removed, and the sites of it smeared over with solid perchloride of iron. The patient made a perfect recovery.— *Weekly Med. Rev.*

THE GENERAL TREATMENT OF PUERPERAL SEPTICÆMIA.—In 1866 the author reported nine cases of more or less severe septicæmia, of which eight recovered through resort to alcohol in large doses, lukewarm baths, rich food, abstinence from the administration of all antipyretics. He then claimed that through these means the resistance power of the organism against the septic poison was heightened to a degree not possible by any other means. The reasoning which leads him to favor the above method of treatment is the following: Local treatment of puerperal sepsis may prevent the entrance of septic germs into the organism, but it cannot reach those which have already gained access. We possess no means for killing these latter, and therefore we must increase power of the organism as much as possible. To this end, of first importance is the tone of the digestive apparatus, and both alcohol and baths tend to keep this tone at par. Especial stress is laid on the fact that the baths are not administered for the sake of lowering the temperature, but in order to influence favorably the action of the heart, and of the lungs, and to improve the appetite. Experience has taught Runge that the baths are not at all dangerous, even though the patient be in a state of collapse. As for the alcohol, its action is that of a direct heart stimulant, and it favors retrograde metamorphosis. Three additional cases of sepsis are recorded in this paper where this general treatment was carried out, and one patient died.—*E. H. G., Archiv. f. Gyn., XXX., 1; Wk. Med. Rev.*

**ANTIPYRIN AS A UTERINE SEDATIVE.**—M. H. Chouppe has already called attention to the good effects of antipyrin in uterine pains after parturition or in dysmenorrhœa. In proof of this he relates the following case: A woman, aged thirty-five, was suffering from a large myoma situated in the posterior wall of the uterus, accompanied by copious hemorrhage, which reappeared after menstruation. Ergot checked the hemorrhage, but caused such severe uterine pains that it had to be discontinued. Large doses of morphine were administered. These caused the pains to disappear, but at the same time the uterine contraction was relaxed and hemorrhage reappeared. Ergot was again administered with similar results. The attacks of uterine pains lasted two or three hours. M. Chouppe then had recourse to antipyrin. An injection containing two grams of antipyrin, was administered. At the end of twenty minutes the pains disappeared. M. Chouppe then tried the following experiment: An injection of antipyrin was given half an hour before the dose of ergot. The patient experienced no pain, although there was active uterine contraction. Hemorrhage was arrested. M. Chouppe concludes that antipyrin relieves the pain caused by the ergot without diminishing the contraction. He believes that it acts upon the spinal cord, and might be administered with advantage during parturition to women possessing an irritable temperament.—*Weekly Med. Review*, St. Louis, Feb. 4.

**ANTIPYRIN AN ANODYNE.**—Dr. Charles Milne, of this city, writes: "Referring to the letter of Dr. Hays, in a recent issue of the *Medical Record*, on the use of antipyrin and antifebrine as hypnotics, permit me to say that I have been in the habit of using the former for the past six months, not only as a soporific, but as an anodyne, and I now use it almost exclusively, instead of opium or its alkaloids, to relieve pain and produce sleep. It alleviates suffering without producing any unpleasant after-effects. I find it especially useful in cases of wakefulness due to over-fatigue, or exhaustion following cases of protracted labor. It is also, I find, an excellent remedy for after-pains. I usually give it in doses of fifteen to twenty grains, and repeat in two hours if necessary, but the first dose nearly always produces the de-

sired results. My experience with antifebrine has been too limited to enable me to express any opinion as to its merits in similar cases."—*Weekly Med. Review*, St. Louis, Feb. 4.

**THUJA OCCIDENTALIS.**—Arbor vitæ, or American white cedar, has for more than a hundred years been a remedy in use for a variety of ailments.

The terminal twigs and green leaves may be made into a tincture with alcohol. From this a fluid extract, or an elixir, may be formed.

As an ointment or tincture it has been applied to indolent ulcers, to warts and to polypi with supposed benefit.

The tincture or fluid extract applied to an indolently inflamed pharynx, with enlarged tonsils, on cotton or by the spray, gives immediate relief.

Request the patient to take a full breath, and while holding the mouth open quickly pass the charged cotton over the tonsils and pharynx; upon withdrawing the probe, let the patient shut his mouth and breathe slowly out through the nose.

When there is laryngeal and nasal catarrh combined with engorgement of the pharynx, the vapor reaches distant parts in the nasal passages in breathing out, as well as in the larynx in breathing in, and gives relief. The engorgement and color of the pharynx and tonsils are instantly affected.

This remedy has been used with supposed benefit in certain forms of malignant diseases characterized by engorgement and hemorrhage. Cauliflower excrescence has disappeared under its influence; it seems to arrest the tendency to bleed.

In the early stage of fibroid phthisis characterized by sudden attacks of congestion, hemoptysis, and plastic exudations within the pleural cavities, I have seen these alarming conditions disappear in a very short time while giving the patient twenty or thirty drops of the strong tincture or the fluid extract on sugar, or in oil, or in cream, every three or four hours.

When the pulmonary congestion is complicated with suppression of the menses, the exhibition of thuja may give relief to both conditions speedily.

I have known cases of pulmonary engorgement with hemoptysis, with moist

and abundant râles over the chest, to be greatly relieved with two or three days' use of the thuja supplemented with terebinthinate applications externally. The abundant moist râles disappearing so speedily would seem to indicate that this remedy has power over recent plastic exudations for their removal, and in this way arrest hemorrhage.

Although not a specific for cancer, or tubercle, or fibroid, so far as I know, it may be found to be of great service in controlling these diseases by relieving the system of hyperæmia and the hemorrhagic tendencies.—*James R. Leaming, M.D.*; "*Contributions to the Study of the Heart and Lungs*," published by *E. B. Treat, New York*.

• **ERYTHROPHLEINE: THE ACTIVE PRINCIPLE OF ERYTHROPHLEUM GUINEENSE.**—*Dr. L. Lewein* (Medical Society of Berlin, January 11, 1888): The Hydrochloride of Erythrophleine (made by *E. Merck*, of Darmstadt) is readily soluble in water. A two per cent. solution in a dog's eye renders it insensible from ten to twenty-four hours. This solution is much stronger than need be for anæsthetic uses. Solutions of the strength of one-fourth or one-tenth or one-twentieth of one per cent. produce anæsthesia of the cornea and conjunctiva, continuing for from several hours up to two days, gradually decreasing in intensity during that time. The action is altogether local, and if a solution of it be injected into the eyelid of an animal, this becomes so insensible that touch does not induce motion, while the eye itself retains perfectly its sensibility.

"Three drops of a solution of 1-10 gramme to 100 grammes of water, *i. e.*, 1-10 gramme to 2,000 drops of water (3-8 of a grain to one fluid ounce or a solution of about 8-100 of one per cent) injected into the eye produces full anæsthesia (by 0.00015 grammes Erythrophleine Hydrochloride, or twenty-three ten-thousandths of a grain.) If from 0.0005 grammes to 0.0015 grammes of this solution be injected into a guinea-pig, such an insensibility is produced in the injected part that one can cut these otherwise so sensitive animals deeply down to the muscles without observing any symptom of pain.

"In frogs which have been tetanized, no further tetanus can be produced upon the

injected point. After an injection of Erythrophleine in a limb, it can be pierced without any reaction. After a subcutaneous injection of an amount equal to one-fourth of a hypodermic syringe of a two per cent. solution, such an insensibility is produced in these animals in about fifteen minutes at the point of injection that touching them with concentrated sulphuric acid or with a red-hot needle is not felt.

"I myself dropped into a wound in my finger, which had been caused by glass and was very painful, a few drops of a two per cent. solution, and the pain, which had before that been persistent and had increased with pressure, ceased after about ten minutes, and could not be established by the firmest pressure. This analgesy persisted for about an hour, and could be continued by entire days."

As to the general constitutional effect of this drug, *Dr. Lewein* says but little, except that in therapeutic doses it has a "digitalinic effect upon the heart."

His investigations began in an attempt to determine the source of the "Haya poison," used by the natives of western Africa as an arrow poison, and little by little, his experiments led to the assurance that it was prepared from the Erythrophleum.

As the bark is plentiful and cheap, we are likely to have the alkaloid plenty at reasonable rates. It is worth to-day about one dollar per grain. Solutions of say one-half grain to the fluid ounce would seem to be about the proper strength for use in the eye. Before much of it is injected into the circulation, more should be known of its constitutional effect, especially with reference to the heart. See article on "Erythrophleum" in both *Wood, Remington & Sadtler's Dispensatory* and in *Stille & Maisch's Dispensatory*.—*George I. McKelway, Apothecary, Philadelphia*.

**THE TIME IN WHICH WE THINK.**—One of the most beautiful applications of electricity which has of late been made is its use in the study of psychological phenomena. And why, indeed, is not the subtle power by which time and space are being annihilated, and human labor rendered less irksome, the most proper agent to assist man in the study of the facts of his own consciousness? In an



elaborate article in the *Nineteenth Century*, Dr. J. McK. Cattell, gives and account of the time-measurements of thought made by means of the line drawn on a rapidly moving surface by a pen attached to the prong of a tuning fork vibrating at a constant rate, by means of electricity. By a delicate apparatus constructed on this principle, duration of time may be measured to the one ten-thousandth of a second. The writer above named has found that the process of thought varies in its degree of rapidity in different individuals, children and old persons thinking slower than people of middle age, ignorant persons thinking more slowly than educated persons. In this way he also found that he could measure the time it takes to perceive, that is, the time which passes from the moment when the impression reaches consciousness until the moment at which we know what it is. In his own case he found that it took 1-20 second to see white light, 1-10 second to see a picture, 1-8 to see a letter, and 1-7 to see a word. It takes longer to see a rare word than a common word, or a word in a foreign language than in our native tongue. It even takes longer to see some letters than others. "Will time," or time taken up in choosing can be measured. It takes 1-13 second to judge between blue and red. To recall the name of a printed word takes 1-9 second, to a letter 1-6 second, to a picture 1-4 second. It takes less time to remember the name of a familiar word than of a letter, though it takes less time to see the letter. The time of remembering can be measured. It takes 1-4 second to translate a word from one language to another when one is familiar with both. It takes 1-20 second longer to translate a word from a foreign language to one's native tongue than it does in the other direction. We can think of the name of the next month in half the time we can think of the last month. It has been demonstrated that sensation does not travel through the nerves to the brain so fast as has been supposed. Its speed is not much greater than sixty miles an hour.—*Light and Heat*.

A JAPAN GIANTESS, according to native journals, though only twelve years and five months of age, stands eight feet high, and weighs 270 pounds; her hands are nine inches.—*Scientific American*.

PASTEUR'S TREATMENT.—I am positively assured that at least one hundred and twenty-six deaths have followed the treatment. A recent eminent writer turns the tables completely on Pasteur, and fears that the injection will be found in many cases to cause active disease and to spread hydrophobia, much as inoculation for small-pox carried that disease far and wide, and, largely augmenting the death-rate from small-pox, had in consequence to be declared illegal.

"It is a rather curious comment," says the *British Medical Journal* of July 10, 1886, "on the recent letter of Sir Charles Warren, with regard to the multiplicity of rabid dogs, that the Hydrophobia Commission is at present retarded in its investigations by the difficulty of obtaining a rabid dog with which to test the efficacy of the protection afforded by inoculation."

I have never seen a case of hydrophobia, though I have seen hundreds of cases of dog bite, and I have not known more than two or three medical men who had seen cases. This will show the extreme rarity of the disease and the improbability that thousands of persons should be bitten in the course of a couple of years by rabid animals in Europe alone, though it is conceivable that in a few weeks hundreds might fancy that the animals which had bitten or scratched them would become rabid. It is common enough for people to fancy that any dog that chances to bite them is mad, when the wonder is that more people are not bitten by the poor wretched little creatures that every day are worried, beaten and frightened, and which in their terror snap at the nearest tormentor.

No treatment for hydrophobia is regarded with favor in medical circles, though the most potent remedies have been repeatedly tried. Not one has stood the test of scientific inquiries, nor met with the support of medical practitioners, except of the particular ones who had introduced it, and yet it is curious how doubly industrious the inventors of infallible methods of treatment for the cure of hydrophobia have been of late. Now, without a particle of evidence, we are bewildered by entreaties to resort to a cure called Buisson's, which consists in being parboiled; this, with the addition of injections of pilocarpine, is said to

cure all the sufferers who do not die.

Arrived in Paris, I made my way to 14 Rue Vanquelin. Pasteur's rooms, as far as I could ascertain, were in the Ecole Normale. I passed through a plain wooden door into a narrow paved yard; there I found two other wooden doors to my left, and on inquiring I learnt that they opened into the waiting room.

After a time I again passed through the barrier and the small room into a large inner room, where I found many people, a quiet, orderly, animated, well-dressed throng, a few of them patients, but the majority evidently visitors or inquirers like myself. One or two assistants marshalled the patients and conducted them to a medical man sitting in a chair. To the doctor's left was a table, on which were placed a dozen small glasses like custard glasses, containing the virus, a lamp, with a vessel of boiling water over the latter, and a few fine hypodermic syringes. The assistant received the syringe from the doctor, rapidly washed the needle in boiling water, filled the syringe with the virus, and handed it to the doctor, who very rapidly injected the contents under the skin of the patient's side. Why M. Pasteur has selected the side of the patient as the right place for the injection is incomprehensible; any part of the body would apparently do equally well. True, M. Pasteur argues that the *nearer the centre of the circulation the better*, but physiologically I can see no advantage in this. The operator then returned the empty syringe to the assistant, and the patient passed out through a door behind the operator. Few of the patients felt the prick of the needle, though children were, of course more alarmed, and some cried and resisted. The cries and resistance of some of the children might easily deceive a stranger, while the medical man would know how little they meant. The process was rapid, and scores of people came in quickly, were operated on, and passed out. I was struck by the admirable order which prevailed, the calmness and good behavior of the patients and the noiselessness and rapidity with which, when the injections were over, they filed out. An English out-patient surgery would exhibit more noise and confusion, and less work would be done in the same time. As this part of my report will conflict with many

of the statements published, I consider it important to remind the reader that there is a vast difference between noise and confusion. To an outsider a review ground, a printing office, a hospital, a kitchen, and a factory will seem noisy and disorderly, while an expert may be struck by the perfect order and amazing industry prevailing. A little more experience will teach the visitor that, underlying the bustle of activity, real work is being done, methodically, promptly, and perfectly.

Two or three of the very few dirty, shoeless people I saw during my stay of six days in France were in the rooms of M. Pasteur, and they were not French.

All this time M. Pasteur was moving about, briefly speaking to his assistants, or addressing a couple of words to strangers.

An inner room led out of the large operating room, and there I found a medical man busily engaged dressing wounds, some of them of great severity. He dexterously removed the dressings, put a little powdered iodoform on the wounds, then a pad of carbolized cotton wool, and a little fine gutta percha tissue, and finally a gauze bandage over all. This man was of large person, cheerful of countenance, and remarkably dexterous in his manipulations. As the patients came up in larger numbers he became more and more busy, and at last he turned to me and said to me in a quick, decisive way, "Be good enough to dress some of these people;" so I set to work and attended to a few of them.

There could be no question that a large proportion of the patients had been bitten, and some very seriously indeed; and a Russian lad had had his right leg so severely lacerated that a certain proportion of deaths might be expected in five hundred such cases of injury. One of the accounts I had read threw doubt on the *bona-fides* of many of the patients, and actually accused the majority of them of being arrant impostors. For such an accusation there is no possible foundation or excuse.

There did not seem to me any great air of seriousness among the patients and spectators; indeed, I suspect that many looked on the whole thing as a joke, a small one it may be, still a joke.

M. Pasteur was too silent and reserved to get any thing out of him. An English

discoverer would have rattled away twenty to the dozen, explaining and enlarging upon every thing, and offering all the information he had to give; not so Pasteur. Then I got hold of Dr. Grancher, a tall, slight, bald man of forty, extremely able and gentlemanly, and I proceeded to cross-examine him, but not successfully, for there must be two parties to a cross-examination—the questioner and the questioned; I tried my hand at the former, but Dr. Grancher was little less unapproachable than his chief. The great point I wanted to clear up was—what proof had he that the people coming to be treated had been bitten by rabid animals. Very quietly he answered, “We have none, we cannot investigate all the cases that come here; we assume that the people who come have good reason for coming. Some bring a certificate from their doctors, others bring nothing. We prefer certificates from veterinary surgeons, as to the condition of the dog.” “When,” continued Dr. Grancher, “a dog, without obvious cause, has bitten three or four people, and subsequently becomes rabid, we have no doubt as to his condition.” So far, so true; but it would be interesting to find out how often the offending dog has been *proved* to become rabid, and unless I am greatly in error, we should not in England accept the irritability of a dog as any proof that it was rabid.

It has been contended by a writer in the *Fortnightly Review* that “Dr. Grancher is not in M. Pasteur’s secret.” I do not understand what this means or implies. Dr. Grancher seemed to me a fair representative of a large class of medical practitioners—a man employed, whether gratuitously or not I do not know—to do something, in his case to carry out the subcutaneous injections of virus, and that something he does to the best of his ability; that seems his  *rôle*.

Up to the present, 4,000 people have come from all parts of Europe and from America; chiefly, however, the people are French; foreigners bear but a small ratio to the whole.

I found many people engaged like myself in making inquiries. Some of these I approached, and their opinions often conflicted very much one with another. For instance, I noticed a very large, gentlemanly man, about sixty, evidently a

person of ability and mark. With some hesitation I addressed the tall man. I found him most courteous. He was a Russian physician from Moscow. He had once only, he said, seen a case of hydrophobia, and when I commented on the large number of rabid dogs that seemed to be infesting Europe like one of the plagues of Egypt, he smiled. He appeared to believe in the sincerity and good faith of Pasteur, and spoke warmly of his skill as a chemist and of his discoveries in crystallization, but as for physiology, he smiled. Again, on asking the Russian his opinion as to whether there was any value in Pasteur’s theories and treatment, he replied oracularly: “That, time will show; time has destroyed many great reputations and exposed many pretensions. As for truth, where can we find perfect truth but with One above, the source and fountain of all truth.”

With Pasteur’s keenness of observation and retentiveness of memory I was not struck. The last time I saw him, just before leaving Paris, I wished him good-bye, when, looking at me absently he said, “You, you have not then been bitten?” “Many times,” I replied, “but not of late, nor by a mad dog.” Still, even of this I will not make too much. Pasteur must be a man of remarkable acumen and power, although he may not favorably impress strangers. I am not sufficiently conversant with his life-work to hazard an opinion. At the same time, I have known too many eminent men whose writings and deeds showed them to be geniuses, who did not convey, even to intimate friends, the impression of conspicuous ability.

On my second morning in the rooms, matters went on much in the same manner. I noticed a dark man of fifty, whom I proceeded to cross-examine. He was a physician from Cairo, sent to Paris to investigate the question. He was very reticent as to Pasteurism, though he accounted for the large number of patients from their being drawn from a vast area; this did not agree with my own observations.

Among the visitors I noticed a Brazilian physician, investigating the subject, preliminary to opening a similar institute at Rio. His opinion of the process was that it was infallible, and the deaths he got



over very easily—some died from the severity of the wounds, others did not come soon enough, and some died of other complaints; that was his satisfactory explanation.

One morning I heard M. Pastour speak to a man, evidently a stranger, perhaps a foreigner. The man had no medical certificate, and had, it seemed, been warned to get one from his doctor, who lived, it was clear, at some distance. "Telegraph at once," said Pasteur, "we *must* have certificates and proofs whenever we can get them."

As for the value of the treatment, that seems more doubtful than ever. The injection does not appear to me to produce any local or constitutional disturbance, and so cannot, as far as I can see, neutralize or destroy any virus in the system. "In hydrophobia," said Sir James Paget, in the recent Morton Lecture, at the College of Surgeons, "there is a specific virus, probably a microbe; it is everywhere diffused in the person or animal in whom it has been inserted; it is in the saliva, and thus matters may continue during a period of good health, but, at last, it produces definite disease at the appropriate nervous centre." The injected virus is evidently intended to permeate the system and so destroy the hydrophobic germs; whether it does so others must decide; certainly the terrible necrology of M. Pasteur seems to show that something is wrong somewhere.—*Extract from Article by Alfred J. H. Crespi, Wimborne, Dorset, in Medical Press and Circular, London, Feb. 15, '88.*

TO LOCATE THE BODY OF A MAN DROWNED at Abbeyville, Ga. (*Annals of Hygiene*) an old negro put a bundle of fodder in the river where the man first sunk. It floated down about fifty yards and suddenly stopped and commenced to whirl slowly round and round. Here the old negro dived and secured the body. He claims to have recovered four or five other bodies by this means.—*Canada Health Journal.*

OBESITY is believed by M. Leven (*Société de Biologie*) to be a nervous disorder, and to be treated by avoidance of mental and physical fatigue, and a diet of eggs, soup, milk, rice and potatoes.—*Scientific American.*

A REMEDY for burns, proposed by Mr. Dubois, says *Invention*, consists in allowing the contents of a siphon of seltzer water to flow slowly over the affected parts. It quiets the pain almost instantly, and the writer believes it hastens the final cure. He ascribes the good effects to the carbonic-acid gas and to the local lowering of the temperature.—*Am. Druggist.*

**LABEL PASTE.**—A writer in the *English Mechanic* gives the following formulæ:

1. Gum tragacanth, one ounce; gum arabic, four ounces. Dissolve in water, one pint; strain and add thymol, fourteen grains, suspended in glycerin, four ounces; finally add water to make two pints. This paste will keep indefinitely, and is suitable for labeling slides, glass bottles, wooden boxes, etc.

2. Rye flour, four ounces; powdered acacia, one half ounce. Rub to a smooth paste with eight ounces of cold water, strain through cheese cloth, pour into one pint of cold water, and apply heat until thickening ensues; then cool and add one ounce of glycerin and twenty drops of oil of cloves. This paste keeps well, and is suitable for both glass and wood.

3. Rye flour, four ounces; water, one pint; nitric acid, one dram; carbolic acid, ten minims; oil of cloves, ten minims; glycerin, one ounce. Mix the flour and water, strain through cheese cloth, and add the nitric acid. Apply heat until suitably thickened, and add the other ingredients when cooling. This is suitable for labeling bottles, tin or wooden boxes, and will not spoil.—*Western Druggist.*

**SOAPSTONE WALLS.**—As a finish or covering for walls and ceilings pulverized stealite is coming into use. It is simply soapstone. It takes a high polish, is pearly gray in tint, is said to present the best possible surface for painting, either in oil or water-color, and what is very desirable, will neither crack nor chip. It is claimed for it that it is a non-conductor and non-absorbent; that it can be washed without injury; nails can be driven into it without damage. When subject to heat, moisture and chemical fumes it gives no smell, and it does not turn yellow with age. Hence it is specially adapted for hospitals, cellars, etc.—*Canada Health Journal.*

# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE

ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.

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VOL. IX.—No. 3.

MARCH, 1888.

\$1.00 A YEAR.

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## SUGGESTIONS FOR IMPROVEMENT IN THE CONDITION OF ALBANY'S STREETS.

A writer in the *New York Evangelist*, in "Albany Notes and Comments," goes on to say:

But Albany ought to greet her many guests with a cleaner face. I regret to say that she is very, very dirty. Some seventeenth century methods seem still to be in vogue here. Each man is expected to clean the street in front of his own property, and instead of gangs of men with brooms and hoes, as in New York, we see an irregular scraping and sweeping going on at irregular times, while occasionally the city carts come around and carry off the collections. Few people clean their walk with hose, as compared with some villages, and the dirt remains to be ground into dust in dry weather and changed to slippery coating in gentle rain. Only after a drenching storm are the streets really clean, and then only for a short time.

The writer also comments on the irregularity of the flag- and curbstones, and the unfortunate effects liable to attend one unmindful of his ways; on the method of distributing ice, blocks of which are hurled from the wagons with great dexterity, but to the peril of passers-by, and allowed to remain any length of time cumbering the sidewalks; and on the unsightly appearances about the Capitol.

To these latter conditions we Albanians have become accustomed, but to the untidy, uncleanly and unhealthy condition of our streets it has not been necessary

that a visitor should call our attention. As the mouthpiece of the medical part of our community we have frequently spoken of it. Our streets are never clean and never will be until some more systematic method is devised for making them so. The spasmodic efforts of the police department in early spring soon relax, and we breathe dirt in dry weather and wade through it in wet. We would like to see a plan systematically tried that we have already suggested—to have the citizens of one or more blocks unite in caring for the portion of street upon which they reside, choose one or more of their number to act as a committee in charge, and have a man employed to regularly sweep up and remove the dirt to convenient and orderly heaps, whence the city carts may take it. Regular employment could be given to men unfit for more arduous work, and the plan would seem as inexpensive as any. Its thoroughness would depend on the public spirit of those in charge, but plans could be devised for supplementing this by some legal enactment. It would place the responsibility where it belongs, on the tenant instead of the landlord, as is contemplated by the proposition to make street cleaning a city charge. The sanitary advantage of clean streets needs no emphasis; the economic value to the householder is also apparent. Clean

streets also need not be watered, which in some respects would be a sanitary gain also. We would like to see our plan tried in Albany.

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QUACK ADVERTISEMENTS IN RELIGIOUS NEWSPAPERS.

*The Medical and Surgical Reporter*, Philadelphia, December 31, 1887, calls attention to this matter, with no unkind spirit toward religious papers, but with a desire to point out what many thinking people believe to be a mistake made by some such publications.

It would be well for all religious papers to so guard their advertising columns that they should not be open to any just reproach.

J. C. Ambrose, in *Good Health*, says: The New York *Christian Advocate* finds "benefit" in this dose: "No matter what your ailment is, Brown's Iron Bitters will surely benefit you." If, then, you get down with the mumps, hard times or a bad conscience, you have only to send your wheelbarrow after "Iron Bitters;" for the *Advocate's* editor is notoriously hard on "humbugs"—that don't pay his salary. It is, you know, well to be of a discriminating mind.

In walks the *Christian Union* to feather its nest with this guaranty against a naked

crown: "Everybody may have luxuriant hair by using Ayer's Hair Vigor." Alas! how I wish that were true.

The *Golden Rule*—Boston's *G. R.*—says: "It is impossible to disguise the fact that the Vegetable Compound prepared under the *personal* direction of Mrs. Lydia E. Pinkham," etc. Yet the "vegetable" Pinkham years ago was tucked under the sod to give "*personal* attention" to her patients.

It takes a great advance—*The Advance*—to guaranty that "Mrs. Winslow's Soothing Sirup has been used for forty years by millions of mothers, with *never-failing* success." "Forty years by millions, yet never failed"—to transform babies into orthodox angels, did it? Any thing to make the paper pay!

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APOLOGY TO DR. J. A. MOORE is due for error in the last part of the printed version of his letter in January number. In describing the operation for cure of bunion, the explanatory word "metatarsal" (which should have been in brackets, if present) was not in the author's manuscript, and the word "second" was incorrectly deciphered for Dr. Moore's word *sesamoid*. These changes make the description of the operation very different.

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BOOK NOTICES.

DOCTOR AND PATIENT. By S. Weir Mitchell, M.D. J. B. Lippincott Company, publishers, Philadelphia. 175 pages, 12mo.

Under a title which gives little clue to its subject, the author has gathered in several chapters a variety of material on various topics which will interest thoughtful people, in and out of the medical profession. Expression is given to thought which has passed through the mind of all considerate physicians on problems of

life as shown by suffering humanity, especially of women. There are chapters on Convalescence, Pain and its Consequences, Nervousness and its Influence on Character, Out-door and Camp Life for Women—topics which suggest more than the general title of the book. It will interest all to read what the most gifted writer of the profession has to say on matters which are above the line of mere routine professionalism.



## EXCHANGES, PAMPHLETS, ETC.

*Northwestern Lancet*, St. Paul, Minn., \$2.00 a year, is now published in enlarged form, and semi-monthly instead of monthly. We have often quoted from it in our "Abstracts," and now reprint the following from its issue of February 15, 1888:

"The ALBANY MEDICAL ANNALS begins the new year in a very different form from that in which it last appeared. It has been considerably enlarged, and now appears without a cover, its appearance being altogether greatly improved. Some change has been made in its management, and it has dropped the title of 'Journal of the Medical Society of the County of Albany,' preferring hereafter not to be too closely confined to the limits of a local journal even in its title."

*Annals of Gynecology*. Edited by E. W. Cushing, M.D., Boston. F. G. Thomas, M.D., W. G. Wylie, M.D., W. G. Polk, M.D., A. F. Currier, M.D., New York, and De Laskie Miller, M.D., Chicago, collaborators. 48 pages, 8vo, monthly, \$1.00 a year. Published by Rockwell & Churchill, Boston.

*The Archives of Gynecology*, Leouard & Co., publishers, New York, last year furnished its readers with a synopsis of 584 articles. Subscription \$3 00 a year.

*International Journal of Surgery and Antisepsis*. Devoted exclusively to surgery and Listerism. Vol. I., No. 1, January, 1888. 64 pages, quarterly, \$1.00 a year. Edited by Milton Josiah Roberts, M.D. Ferdinand King, M.D., Business Manager, P. O. Box 587, or 95 William street, New York. Eminent contributors, profuse illustrations.

*The Brooklyn Medical Journal*. Edited by Joseph H. Raymond, M.D., Alex. Hutchins, M.D., Glentworth Butler, M.D., Fred. D. Bailey, M.D., editorial committee of the Medical Society of the County of Kings. 88 pages, octavo, \$2.00 a year. 214 Madison street, Brooklyn, N. Y.

*The International Standard*, \$2.00 a year. Devoted to the Preservation and Perfection of the Anglo-Saxon Weights and Measures, 64 Euclid avenue, Cleveland, Ohio. Charles Latimer, C.E., President.

*Medical Press and Circular*, 20 King William street, Strand, London, W. C.

*Our Little Men and Women*, illustrated, monthly, \$1.00 a year. D. Lothrop Company, Boston.

Catalogue of Recent Publications—Medical, Chemical, Pharmaceutical and Scientific. Issued by P. Blakistoun, Son & Co., Medical and Scientific Publishers, Booksellers and Importers, Philadelphia.

"On the Use of the Vaginal Tampon in the Treatment of Certain Effects following Pelvic Inflammations." Thomas Addis Emmet, M.D., Surgeon to the Woman's Hospital, New York. *The New York Medical Journal*, Feb. 18, 1888.

"Should Physicians be Pharmacists?" Charles L. Mitchell, M.D. *Philadelphia Medical Times*, Dec. 30, 1887.

"Bits of Knowledge taken from Alden's Manifold Cyclopaedia." John B. Alden, publisher, 393 Pearl street, New York city.

"The Bows of the Leg Considered as One Apparatus." Thomas Dwight, M.D., Professor of Anatomy, Harvard University. Cupples & Hurd, Medical Publishers, 94 Boylston street, Boston, Mass. 1888. Price 25 cents.

"Gastrotomy for Cancer of Oesophagus." By J. Collins Warren, M.D., Boston. Reprint from *Medical Record*, Nov. 5.

"Progress in Medicine." By J. B. Marvin, M.D. From *South-Western Medical Gazette*.

"Wounds; Aseptic and Antiseptic Management." By David Prince, M.D., Jacksonville, Ill.

"Radical Treatment of Trachoma." By A. E. Prince, M.D., Jacksonville, Ill. From *St. Louis Courier of Medicine*.

"Supra Pubic Lithotomy; a Historical Sketch." By Charles W. Dulles, M.D., Surgeon to Out-Patient Department in the Hospital of the University of Pennsylvania, etc. Office of *Medical and Surgical Reporter*, Philadelphia.

"An Alvine Motor" (Elixir Purgans). Eli Lilly & Co., Indianapolis, Ind.

"An Antisyphilitic and Antirheumatic" (Succus Alterans—McDade). Eli Lilly & Co. Indianapolis, Ind.

"Ovarian Tumors, and Remarks on Abdominal Surgery, with the Result of Fifty Cases." By Edward Borck, A.M., M.D., Professor of Surgery, etc. Second Revised Reprint Edition. St. Louis, Mo., 1887.

"Biology of Tumors." N. Senn, M.D., Ph.D., Milwaukee, Wis., Professor of Surgery, etc. From *The Medical Register*, Philadelphia.

Catalogue of Illustrated and Fine Art Books and Educational Works. Cassell & Co., 739-741 Broadway, New York; London, Paris, Melbourne.

"The Galvano Caustery Sound, and Its Application, Especially in Hypertrophy of the Prostate." With reports of cases. Robert Newman, M.D., New York. From *New England Medical Monthly*.

"Hay Fever; Analysis of Forty-four Cases Treated by the Writer, together with the Result of Treatment." John O. Roe, M.D., Rochester, N. Y. *N. Y. Medical Journal*, Sept 3, 1887.

"Hay Fever." First prize essay of the U. S. Hay Fever Association. By Seth S. Bishop, M.D., Chicago. *Journal of American Medical Association*.

"The Deformity Termed 'Pug-Nose,' and its Correction by a Simple Operation." John O. Roe, M.D., Rochester, N. Y., Fellow of the American Laryngological Association; Member of the British Medical Association, etc. *The Medical Record*, June 4, 1887.

"Synopsis of the Second Hundred Cases of Urethral Stricture Treated by Electrolysis." With cases. By Robert Newman, M.D., New York. From *Journal of American Medical Association*.

"Persistent Pain after Abdominal Section." Reprint from "Gynæcological Transactions," 1886. "Fifty Cases of Abdominal Section" (second series). From *New York Medical Journal*, August 21, 1886. "The Influence of the Woman's Hospital." From the *New York Medical Journal*, August 13, 1887. All by James B. Hunter, M.D., Surgeon to the Woman's Hospital, Professor of Gynecology in New York Polyclinic, etc.

"A New Form of Suture Pin for Perineorrhaphy." By J. H. Kellogg, M.D., Superintendent Medical and Surgical Sanitarium, Battle Creek, Michigan. From *Journal of American Medical Association*, Nov. 19, 1887.

The following works were issued during December by the New York publishers, Leonard & Co., 141 Broadway: "Diseases of Women," 436 pages, cloth, \$1.50; "Diseases of Infancy and Childhood," 300 pages, cloth, \$1.00; "Diseases of Heart and Lungs," 204 pages, cloth, \$1.25.

"An Address from a Special Committee of the College of Physicians of Philadelphia to the Medical Societies of the United States concerning the dangers to which the country is exposed by the ineffectual methods of quarantine at its ports, and in regard to the necessity of national control of maritime quarantine."

Also "Report of the Committee of the College of Physicians of Philadelphia, Appointed to Investigate the Efficiency of our Quarantine Arrangements for the Exclusion of Cholera and other Epidemic Diseases."

"Treatment of Fever." By Benj. F. Westbrook, M.D., Brooklyn. From *New York Medical Journal*, January 7, 1888.

"A Study of the Causes and Treatment of Uterine Displacements." By T. A. Emmet, M.D., New York.

"Cyclopædia of American Contemporary Biography," Abbe to Anderson. Price three cents. John B. Alden, publisher, New York. This issue in pamphlet form is provisional only. Extensive additions and revisions will appear when published in bound volume.

"Oxygen Enemata." By J. H. Kellogg, M.D., President of Calhoun County Medical Society, Mich. *Therapeutic Gazette*, Sept., 1887.

## MEDICAL NEWS.

### ALBANY COLLEGE OF PHARMACY.

The annual meeting of the Alumni Association of the Albany College of Pharmacy was held Tuesday afternoon, March 6, in Alumni Hall, Albany Medical College. The following officers were elected for the ensuing year: President, Charles N. Gilbert; first vice-president, F. D. Ostrander; second vice-president, Charles Stewart; secretary, William Livingston; treasurer, E. F. Hunting; historian, W. H. Conley; executive committee, Frank J. Smith, Louis Sautter, Jr., Frank

M. Clement. An interesting paper on "Percolation" was read by G. V. Dillenbeck.

### COMMENCEMENT EXERCISES.

The seventh annual commencement exercises of the college were held in Agricultural Hall in the evening. The following programme was interspersed with music by Holding's orchestra: Prayer, Rev. A. G. Rogers; conferring degrees, Joseph W. Russell, president of the Board of Trustees; address to graduates, Prof. J. H. Gilbert; valedictory,

Edward L. Gaus; presentation of prizes.

The class of '88 was composed of eleven members, who were Louis A. Bellgrade, Cohoes; Otto F. Briethut, Albany; Walter A. Conley, Albany; Henry Fleigel, Albany; James Gardner, Albany; Edward L. Gaus, Albany; Alpha B. Larkin, Plattsburgh; Arthur W. Morris, Whitehall; Frederick E. Niblette, Hudson; Seneca S. Smith, Albany; Miss Eliza A. Turner, Albany.

The first prize (\$25), for the best examinations in all branches, was awarded to Seneca S. Smith; the second (\$20), for the best thesis, was given to the first colored graduate of the college, James Gardner. When he rose to receive his diploma, he was greeted by deafening applause. The faculty prize (\$20) for juniors was won by Mr. J. T. Comstock. Miss Turner is the second lady graduate of the College.

#### THE ANNUAL BANQUET.

After the exercises the alumni held their annual banquet at the Delavan. Prof. Willis G. Tucker acted as toastmaster. The following were the toasts: "The Albany College of Pharmacy," G. V. Dillenbeck; "Recollections of the Past," Jacob J. Barton; "Class of '88," Walter H. Conley; baritone solo, Frank M. Clement; "The Gentler Sex," James W. Stafford; "The Triumphant Triumvirate," Edwin F. Hunting; "The Next President of the United States," De Baun Van Aiken; "Higher Education in Pharmacy," Prof. G. Michaelis; "Our Benedicts," Louis Sautter; "Our Bachelors," Theo. J. Lewi; "The Future for the Pharmacist," Prof. A. B. Husted; "The Advantage of Alumni Associations," Edward L. Gaus.

#### CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

Following are the officers and preliminary programme of the Congress, to be held in Washington, D. C., on the evenings of September 18, 19 and 20, 1888:

#### *President,*

John S. Billings, M.D., U. S. A.

#### *Vice-Presidents, ex-officio.*

*President of the American Surgical Association*—D. Hayes Agnew, M.D., Philadelphia, Pa.

*President of the American Association of Genito-Urinary Surgeons*—Edward L. Keyes, M.D., New York city.

*President of the American Laryngological Association*—Rufus P. Lincoln, M.D., New York city.

*President of the American Climatological Association*—Alfred L. Loomis, M.D., New York city.

*President of the Association of American Physicians*—William H. Draper, M.D., New York city.

*President of the American Otological Society*—Jonathan S. Prout, M.D., Brooklyn, N. Y.

*President of the American Ophthalmological Society*—William F. Norris, M.D., Philadelphia.

*President of the American Neurological Association*—James J. Putnam, M.D., Boston, Mass.

*President of the American Dermatological Association*—I. E. Atkinson, M.D., Baltimore, Md.

*President of the American Physiological Society*—Henry P. Bowditch, M.D., Boston, Mass.

*President of the American Orthopedic Association*—Newton M. Shaffer, M.D., New York city.

#### *Chairman of the Executive Committee,*

William Pepper, M.D., Philadelphia, Pa.

#### *Treasurer,*

D. B. St. John Roosa, M.D., New York city.

#### *Secretary,*

William H. Carmalt, M.D., New Haven, Conn.

#### SUBJECTS FOR REPORT AND DISCUSSION.

##### *Tuesday Evening, September 18.*

"Intestinal Obstruction in its Medical and Surgical Relations." Papers will be read by Dr. Reginald H. Fitz, of Boston, Professor of Pathological Anatomy in Harvard University, and Dr. Nicholas Senn, of Milwaukee, Professor of Surgery in the College of Physicians and Surgeons, Chicago, Ill., followed by a discussion.

##### *Wednesday Evening, September 19.*

"Cerebral Localization in its Practical Relations." Papers will be read by Dr. Charles K. Mills, of Philadelphia, Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine, and Dr. Roswell Park, Professor of Surgery in the Buffalo Medical College, followed by a discussion.



*Thursday Evening, September 20.*

Address by the President, John S. Billings, M.D., U. S. Army, to be followed by a general reception in the United States Army Museum Building.

#### THE ASSOCIATION OF AMERICAN PHYSICIANS.

The following is the preliminary programme of the third annual meeting of the Association of American Physicians, to be held in Washington, D. C., on the mornings and afternoons of September 18, 19 and 20, 1888 :

The President's Inaugural Address, William H. Draper, New York.

#### DISCUSSIONS.

The Relation between Trophic Lesions and Diseases of the Nervous System. Referee, Edward C. Scguin, New York; Co-referee, Wm. T. Councilman, Baltimore.

The Absolute and Relative Value of the Presence of Albumen and Casts, and of Renal Inadequacy, in the Diagnosis and Prognosis of Diseases of the Kidney. Referee, Robert T. Edes, Washington; Co-referee, Edward G. Jancway, New York.

#### PAPERS.

The Cardiac Changes in Chronic Bright's Disease, Alfred L. Loomis, New York.

The Relation between Chronic Interstitial Nephritis and Augina Pectoris, Samuel C. Chew, Baltimore.

Disturbances of the Heart Rythm with Reference to their Causation and their Value in Diagnosis, Gustavus Baumgarten, St. Louis.

Fatty Heart, Frederick Forcheimer, Cincinnati.

The Cardiac Lesions Producing the Presystolic Murmur, Frank Donaldson, Baltimore.

The Treatment of Valvular Affections of the Heart, Jacob M. DeCosta, Philadelphia.

Clinical Investigation in the Treatment of Cardiac Disease, James K. Thacher, New Haven.

Causal Therapeutics in the Infectious Diseases, James C. Wilson, Philadelphia.

Management of the Stage of Convalescence in Typhoid Fever, James H. Hutchinson, Philadelphia.

The Geographical Difference in Typhoid Fever in the United States, W. W. Johnston, Washington.

The Pathology of the Thymus Gland, Abraham Jacobi, New York.

Gastric Neurasthenia, George M. Garland, Boston.

Neuritis, Francis T. Miles, Baltimore.

The New Cæsarean Section, William T. Lusk, New York.

Is Hystero-Epilepsy Better Treated by Medical or Surgical Means? William M. Polk, New York.

Subject not yet announced, Samuel C. Busey, Washington.

Subject not yet announced, George Ross, Montreal.

Demonstration in Pathological Anatomy, T. Mitchell Prudden, New York; William H. Welch, Baltimore.

#### MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The officers, committees, honorary members and delegates elected February 9, 1888, are:

*President*—Dr. Samuel B. Ward, Albany.

*Vice-President*—Dr. A. Walter Suiter, Herkimer.

*Treasurer*—Dr. C. H. Porter, Albany.

*Secretary*—Dr. William Manlius Smith, of Syracuse.

*Censors*—S. D., Drs. John S. Warren, New York; Walter B. Chase, Brooklyn; W. H. Hahn, Sing Sing. E. D., Drs. Joseph Lewi, Albany; Thompson Burton, Fultonville; Leroy McLean, Troy. M. D., Drs. Henry Flood, Elmira; Robert Frazer, Camden; I. N. Goff, Cazenovia.

*Committee of Arrangements*—Drs. Edward L. Partridge, New York; F. C. Curtis, Albany; C. S. Merrill, Albany.

*Committee on by Laws*—Drs. George Seymour, Utica; F. A. Castle, New York; William Manlius Smith, Syracuse.

*Committee on Hygiene*—Drs. E. V. Stoddard, Rochester; E. F. Brush, Westchester; J. P. Creveling, Auburn; Alfred C. Mercer, Syracuse; William H. Bailey, Albany; W. C. Bailey, Albion; A. N. Bell, Brooklyn.

*Committee on Legislation*—Drs. Alex. Hadden, New York; H. T. Piercc, New York; F. C. Curtis, Albany.

*Committee on Ethics*—Drs. A. Jacobi, New York; A. Mathewson, Brooklyn; H. R. Hopkins, Buffalo.

*Committee on Prize Essays*—Drs. George F. Shrady and F. P. Foster, New York; Eugene Beach, Gloversville.

*Committee on Publication*—Drs. Wm. Manlius

Smith, Syracuse; C. H. Porter, Albany; Daniel Lewis and O. B. Douglas, New York.

*Honorary Members*—Drs. Duane D. Simmons, Tokio, Japan; Francis J. Shepperd, Montreal, Canada; B. F. Baer, Philadelphia, Pa.; George E. Fenwick, Montreal, Canada; D. M. Wilcox, Lee, Mass.

*Eligible to Honorary Membership*—Sir Morell Mackenzie, London, England; Prof. William Pepper, Philadelphia, Pa.; Dr. Max Schede, Hamburg, Germany; Dr. Reginald Harrison, Liverpool, England; Mr. Howard Marsh, London, England; Dr. Francis Bacon, New Haven, Conn.

*Delegates to State Societies*—Drs. A. Jacobi, J. O. Roe and B. F. Sherman, to Massachusetts; Drs. D. M. Totman, M. L. Bates and W. O. Moore, to Vermont; Dr. A. Jacobi, to Pennsylvania; Dr. Prince A. Morrow, to New Jersey; Drs. James McFie and George H. Rider, to Canada; Drs. George H. Fox, C. C. Rice and A. M. Phelps, to Ontario; Drs. H. G. Piffard, A. M. Phelps and M. L. Bates, to Connecticut; Dr. F. R. Sturgis, to Virginia; Dr. J. O. Roe, to British Medical Society.

#### AMERICAN MEDICAL ASSOCIATION.

The thirty-ninth annual session will be held in Cincinnati, Ohio, on Tuesday, Wednesday, Thursday and Friday, May 8, 9, 10 and 11, commencing on Tuesday, at 11 A. M.

#### SECTIONS.

"The chairman of each section shall prepare an address on the recent advancements in the branches belonging to his section, including such suggestions in regard to improvements in methods of work, and present, on the first day of its annual meeting, the same to the section over which he presides. The reading of such address not to occupy more than forty minutes.—*By-Laws*.

*Practice of Medicine, Materia Medica and Physiology*.—Chairman, vacant; Dr. N. S. Davis, Jr., 65 Randolph street, Chicago, Ill., secretary.

*Obstetrics and Diseases of Women and Children*.—Dr. Ely Van De Warker, 45 Montgomery street, Syracuse, N. Y., chairman; Dr. E. W. Cushing, 1 Hotel Pelham, Boston, Mass., secretary.

*Surgery and Anatomy*.—Dr. Donald McLean, 72 Lafayette avenue, Detroit, Mich., chairman; Dr. B. A. Watson, 124 York street, Jersey City, New Jersey, secretary.

*State Medicine*.—Dr. H. B. Barker, Lansing, Mich., chairman; Dr. S. T. Armstrong, U. S. M. Hosp. Service, secretary.

*Ophthalmology, Otology and Laryngology*.—Dr. F. C. Hotz, 181 Clark street, Chicago, Ill., chairman; Dr. Edw. Jackson, 215 S. 17th street, Philadelphia, Pa., secretary.

*Diseases of Children*.—Dr. F. E. Waxham, 3449 Indiana avenue, Chicago, Ill., chairman; Dr. W. B. Lawrence, Batesville, Ark., secretary.

*Oral and Dental Surgery*.—Dr. J. Taft, Cincinnati, Ohio, chairman; Dr. E. S. Talbot, 125 State street, Chicago, Ill., secretary.

*Medical Jurisprudence*.—Dr. E. M. Reid, 243 N. Fremont street, Baltimore, Md., chairman; Dr. C. B. Bell, Suffolk, Mass., Secretary.

*Dermatology and Syphilography*.—Dr. L. D. Bulkley, 4 E. 37th street, New York, chairman; Dr. S. F. Dunlap, Danville, Ky., secretary.

"A member desiring to read a paper before a section should forward the paper, or its *title and length* (not to exceed twenty minutes in reading), to the chairman of the committee of arrangements at least one month before the meeting."—*By-Laws*.

*Committee of Arrangements*.—W. W. Dawson, Cincinnati, Ohio, chairman.

WM. B. ATKINSON, M.D.,

*Permanent Secretary*,  
1400 Pine street, Philadelphia.

#### A SUMMER IN EUROPE.

An itinerary for 1888 has been prepared in continuation of the popular tours heretofore conducted by Prof. Armand de Potter. A very interesting descriptive pamphlet, giving full details, can be had on application to Howard S. Paine, M.D., 105 State street, Albany. The party will leave New York on Saturday, June 16, for a three months' tour in Europe. The price for the round trip is \$600. This sum includes cost of first-class accommodations during the entire journey, and care of baggage; excursions, carriage

drives, gondola rides, concerts, admission to all museums, special guides when required, medical services, and every possible effort for the pleasure and comfort of the party. Passengers have the privilege of remaining abroad one year or more, without forfeiting the value of their return tickets.

AUSTIN FLINT, M.D., LL.D.

The Tablet erected by the Alumni Association of the Bellevue Hospital Medical College in memory of the late Austin Flint, M.D., LL.D., at the Carnegie Laboratory, 338 East 26th street, was unveiled on Saturday evening, March 10, 1888.

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### PERSONALS.

—Dr. Grant-Bey, whom we remember so pleasantly, has been appointed by the executive committee at Berlin to represent Egypt on the committee for organizing the International Medical Congress for 1890.

—Dr. Cornelius A. Winship ('58), who had been a medical practitioner in Eagle Mills, Rensselaer county, for about thirty years, died February 14, 1888. He was once a member of the Connecticut legislature. The deceased was born in Litchfield, Conn., in 1826.

His son, Frank Augustus Winship, of '87, Albany Medical College, is well prepared to succeed to the practice of his father.

—Dr. R. M. Hunt ('69), Nevada City, California, cut out a subscription order blank from a January number, and has sent it to us properly filled out, with an accompanying dollar, and with this legend on the margin: "A graduate of the Albany Medical College should at least take the ANNALS."

—Dr. George E. Lyon ('82), West Troy, N. Y., was married to Miss Hattie Young, of Troy, February 22, 1888.

—Dr. Webster Miller ('87), is located at Glendale, Berkshire county, Mass.

—The friends of Mrs. Dr. Elmer Lansing will be glad to know that she has reached Egypt in safety, and joined her husband (A. M. C., '84) at his post of duty at Sint, Upper Egypt.

—Dr. Joseph S. Parent ('86), after a practice of nearly two years in Albany, has located at his home in Charlton, near Birchtown post-office, Saratoga Co., N. Y.

—Dr. Ephraim Cutter, of New York, has lately been elected an Honorary Fellow of the Society of Science, Letters and Art (London). "The by-law that 'a person eminent in science be eligible for election as an Honorary Fellow upon a recommendation to be signed by at least eight Fellows,' was waived and the resolution carried unanimously" by the Council. Dr. Cutter's paper on "The Relation of Medicine to Music," which was published in the "Circular of Information of the Bureau of Education, U. S., 1886, No. 1," was read before the Society of Science, etc. (Lond.), in December last. This paper has been thoroughly rewritten so as to present the more technical and medical sides of the subject, and will be published in the ANNALS at some future date.



# ALBANY MEDICAL ANNALS.

VOL. IX.

APRIL, 1888.

No. 4.

## OSSEOUS FORMATION WITHIN THE EYE, WITH REPORT OF A UNIQUE CASE.\*

BY GEORGE S. MUNSON, M.D., ALBANY, N. Y.

(*Albany Medical College, '80.*)

The formation of bone within the eye, in any other part than the choroid, is of such a rare occurrence as to seem to me to warrant a description and account of the same. Perhaps a few general remarks in regard to bony formations in the eye may not be amiss before referring to the specimen which is presented to your notice to-night.

It is not an unusual circumstance to meet with the new formation of bone in the anatomical examination of eyes that have been enucleated. The place of origin of the bony tissue has almost invariably been found to be the capillary layer of the choroid. Why found here in almost every recorded case is, according to Knapp, because this capillary layer contains the richest nutritive material, and hence is best able to vitalize ossifying tissue. The exceptions to the rule have been in those few cases where bone has been found within the lens capsule or growing closely attached to the ciliary body, or, as in several reported cases, where a thin bony septum has been formed passing across the eye directly behind the lens. It may be generally stated that those diseases which produce connective tissue capable of metamorphosis into osseous tissue are

always of an exceedingly chronic nature, usually lasting years. They are such diseases as irido-choroiditis or iridocyclitis, resulting either from idiopathic inflammation or, more frequently, from penetrating injuries, in which latter case a foreign body usually lies imbedded within the background of the eye.

The length of time in which an eye may tolerate bone in any given case can not be determined. The moment the ossified tissue, by pressure on the ciliary nerves, awakens sympathetic inflammation in the fellow member, that moment must the offending eye be enucleated, if the preservation of the sound eye is to be insured. Only occasionally can the diagnosis of ossification be made before enucleation, and then only by the hard, unyielding condition of the coats of the eye.

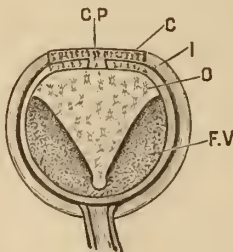
I was called in consultation on the 9th of March, 1887, by Dr. J. L. Hogeboom, of Castleton, to see a strong, healthy farmer's boy of sixteen years of age, Wm. H., who informed me that for a week or more his left eye had been suffering from a cold, and within the last three days the right had also become affected. I found that he had lost the sight of the left eye six years previously,

\* Read before the Medical Society of the County of Albany, Wednesday evening, April 27, 1887.

in consequence of acute purulent ophthalmia and corneal ulceration. On examination there was noticed in the left eye complete amaurosis, or blindness; in the periphery of the cornea was a large plaque of opaque scar tissue; the anterior chamber was obliterated; the iris atrophied and discolored, contracted to the size of a pin's head pupil and adherent to the mass behind it. A thick white exudation filled the contracted pupillary space. The eyeball was painful on pressure, especially in the upper ciliary region, indicating the existence of cyclitis; and a rosy-red zone surrounded the cornea. The right eye was as follows: The conjunctiva was somewhat congested, with also slight rosy zone of vessels around the cornea; some tenderness in the ciliary region. The ophthalmoscope showed the veins enlarged and tortuous; otherwise the optic nerve and retina appeared normal.  $V = \frac{20}{40}$ . There existed considerable photophobia and lachrymation, and a blur before the sight which caused considerable alarm to the patient. As this right eye was already showing unmistakable evidence of beginning sympathetic ophthalmia, I advised the immediate enucleation of the left

ingly done that same day. The wound healed rapidly, and in a few days the other eye was entirely free of its blur and sympathetic symptoms. At present writing he is wearing comfortably an artificial eye.

The cursory examination of the enucleated eye, made after the operation, showed that the form of the globe was much changed, flattened in front and not over two-thirds of its normal size. A small section of the posterior part of the eyeball, with the optic nerve in the center of it, was then removed. A small quantity of yellowish fluid escaped, and the mass of bone as seen in the specimen presented was at once noticed. Its shape is that of a cone, with its base, somewhat quadrilateral, against the posterior surface of the iris, and its apex reaching so as to be almost in contact with the entrance of the optic nerve. It was found to have its attachments to the degenerated iris and ciliary body by strong connective tissue fibres, while the rest of the lateral surfaces were entirely free. The choroid occupied its normal position. Whether the lens is ossified or not, cannot be determined till the bone has been removed from the eye and examined microscopically; but as there has never been, to my knowledge, a case of ossification of the lens reported, I cannot believe it is in this case. There is so little nutritive material in the lens that I cannot believe ossification of the lens proper a possible condition; but I do believe that the formation of connective tissue within the lens capsule has taken place, and this been transformed into bone. In fact, I have in my possession a microscopical specimen of such a bony formation within the lens capsule which I obtained while at Knapp's Ophthalmic Institute, New York city.



C. P.—Contracted Pupil.  
C.—Cornea.  
I.—Iris.  
O.—Ossification.  
F. V.—Fluid Vitreous.

The parents of the patient at once consented to the operation, which was accord-

This specimen I believe to be especially interesting and remarkable for three reasons:—

1st. Its very unusual size.

2d. Its very unusual position.

3d. The comparatively short period for its formation.

First, in regard to its size. I have searched what literature there was at my command, which was considerable, and through it all I found no specimen of as large a size. As said before, bone frequently lines the choroid, forming a more or less complete shell within the eye, but as a mass in bulk the bone is usually very inconsiderable. The dimensions of this are as follows: Circumference, one inch; from base to the apex of the cone, 12 mm., or  $\frac{1}{2}$  inch; widest diameter of the base, 10 mm.; narrowest diameter of base, 8 mm.

Secondly, its shape and position are certainly very unusual, and I can account for it best in the following way: During the active period of inflammation, years previous, there had early been a detached retina which took the shape of a funnel, with its apex attached at the optic nerve entrance and its base at the ciliary body. This funnel became filled with connective tissue due to chronic irido-cyclitis, and had its blood supply from the ciliary vessels. The connective tissue in time ossifying, we have the resulting bone in the shape of the cone, as seen in the specimen presented for your consideration. It has been particularly noticed

(see "Knapp's Archives of Ophthalmology," Vol. II., p. 34) that true ossification within the vitreous body is unknown. Since the publication of Knapp's article, I find one or two writers referring to ossification within the vitreous as having occurred, but I can find no further account of the same. I have examined under the microscope a small piece of bone broken from the apex of this specimen, and have readily detected the bone corpuscles, so as to put any doubt as to its being bone, completely at rest. And that the ossification is a formation within the vitreous cannot be questioned, as the bone has not been removed from its ciliary attachments, but remains in its original position for your inspection.

Finally, as regards the duration of time necessary for the formation of bone within an eye, as a matter of course it must vary, depending on the severity and constancy of inflammatory symptoms. Usually a term of years, varying from ten to forty, elapses before the ossification produces an intolerance within the eye which cannot be borne, or leads to sympathetic inflammation, necessitating its removal. That such ossification could have taken place within five or six years within an eye shrunk at least one-third its size, and not until it had attained such unusual size have produced sympathetic trouble, is remarkable, and indicates that an eye is not always the exceedingly sensitive organ that the fancy so commonly depicts it.

**THE GONOCOCCUS IN COURT.**—In Belgium a man was accused of the rape of a little girl. On the clothing of the accused, and of the victim, spots of pus were found. Experts declared the pus to be gonorrhœal. Dr. Castiaux, Professor of Forensic Medicine at Lille, was called upon to determine the existence or

non-existence of micro-organisms. Dr. Lober, who took part in the examination, made pure cultivations of the pus on various media, and finally on sweetened and peptonised agar, and by this means was enabled to confirm the gonorrhœal nature of the pus.—*Medical Press and Circular.*



## REPORT ON THE CHOLERA OF 1883.

TRANSLATED FROM THE "MAQTATAF" (ARABIC SCIENTIFIC JOURNAL), FEBRUARY, 1887, BY  
J. A. S. GRANT-BEY, A.M., M.D., CAIRO, EGYPT.

[*For Albany Medical Annals.*]

When cholera broke out in Egypt in 1883, several European commissions were sent by their governments to investigate as to the nature of the epidemic on Egyptian soil.

The German Commission, headed by the celebrated Dr. Robert Koch (well known to our readers by his discovery of the bacillus of tubercle and the comma bacillus of cholera) was amongst the most prominent.

It left Berlin on August 16, 1883, and arrived at Alexandria on the 24th of same month, after visiting Port Said on the previous day.

In Alexandria preparations were soon made for carrying out a thorough investigation, and expeditions were afterwards made to Damietta (where the epidemic first broke out), Mansoura, Tantah, Cairo, and other places.

Having completed its work as far as Egypt was concerned, the commission went to India, where further investigations were made; and, after returning to Berlin, it prepared the elaborate and exhaustive report, which was published, with many plates and maps, at the expense of the German government.

In perusing this report the reader is struck by the ingenious way in which the narrative of a journey and the description of views of towns and countries are so well and easily connected with deep research and severe criticism in a dry and uninteresting subject to the general reader.

Our space is very limited, so that we can only give the bare outlines in as far

as it concerns Egypt, leaving unnoticed the other not less valuable parts of the report on Quarantine in Egypt and the Red Sea, Cholera in the Hedjaz and Cholera in India.

A good description of Damietta and of its sanitary state previous to the outbreak of cholera is given, and the beginning of the epidemic there is described as far as it could be traced.

The different views on the origin of cholera in Egypt are then cited, and the reports of Drs. Shafey and Ferrari, Dr. Dutrieux Bey, and Surgeon-General Hunter (the commissioner of the English government) are examined, and the untenability of their views—views that are already well known to our readers—is lucidly shown. A table taken from Dr. Grant-Bey's Report on the Cholera of 1883\* is adduced to corroborate the view that Asiatic cholera is not endemic in Egypt.

In treating of cholera in Cairo the report shows clearly how little care was taken to keep the potable water of the town free from impurities and germs of disease. Much has been taken from the reports of Dr. Ahmed Bey Hamdy and Dr. Wild in support of that (to us) undoubted fact.

In Alexandria, as well as in other Egyptian towns, the dirty state of roads and dwellings, as well as bad sanitation, are not lost sight of.

The zeal of some doctors—as Dr. Kartulis—to facilitate scientific research is highly spoken of.

\* Brit. Med. Jour., Feb., 1884.

A chapter is devoted to the comparison of the epidemic of 1883 with former epidemics in Egypt, and especially with that of 1865. There are altogether six epidemics of cholera in Egypt on record,\* all of which broke out in June or July of the years 1831, 1848, 1850, 1855, 1865 and 1883, there being an interval of eighteen years between the last two.

Among the most valuable contents of this report is the chapter on the nature and cultivation of the cholera bacillus, of which we may give an extract on another occasion.

This report on the research of one of the greatest authorities on Asiatic cholera, which refers to so many doctors practicing in Egypt, upholding the views of some and opposing those of others, cannot fail, we think, to raise as much discussion among our doctors as it will do among European doctors.

\* There is a seventh, in 1837, described in the suppressed report of the British Consul.

Dr. Grant-Bey, who so zealously upholds the view here that cholera is not endemic in Egypt, and who some two years ago challenged his opponents to a discussion on the subject in a severe criticism of Drs. Chaffey and Ferrari's report and of Dr. Hassan Pasha Mahmond's article on cholera, as then published in this journal, may now well expect his challenge—hitherto not responded to—to be accepted by the opposing host, that ought now, if ever, to send out its champion to meet him in the field of conflict.

Surgeon-General Hunter's views are terribly shattered in this report, and Dr. Mackay, of Alexandria, who is there represented as "chiming in" with those views, can hardly be expected to "chime" in silence now. The question is not settled yet, as the other party has, no doubt, still somewhat to say in support of its views.—[EDS. "MAQTATAF."]

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## CLEANED WHOLE WHEAT AS A DIET.

By EPHRAIM CUTTER, M.D., LL.D., NEW YORK.

[*For Albany Medical Annals.*]

In August, 1884, I was at my brother-in-law's grist-mill, and noticed the Michigan winter wheat as it came through the smut-mill, clean and fair, ready to be ground up into "Arlington," (Mass.) "wheat meal." The idea struck me, Why not use this cleaned wheat for food? It is free from dirt, and contains all the form and chemical elements in proper proportions for nourishment that our Creator intended mankind should have when wheat is eaten. We do not crack or grind up other fruits, as tomatoes, bananas, potatoes, etc., a long time before they are eaten. Nor do we deprive them

of their natural protective garments and mechanically separate their form-elements, so that one-half at least, of the nutritious qualities are taken away and fed to animals, as we do in wheat. If the above-named fruits were subjected to such treatment, they would become unfit to eat. Why not, I thought, get the aroma and bouquet of the wheat in the cooking, and not lose it in the milling? Acting on this impulse, I took home with me a half bushel of the cleaned whole wheat, and put my family upon it to see how long they could live on it without tiring. The experiment has been carried

out up to the present time (a period approaching three years) with no signs of tiring. More time, then, must be taken to sicken my people of it.

#### MODES OF COOKING.

My wife, who is my authority, after many trials of hers and my own (in which I was laughed at), gives the following: To cook cleaned whole wheat, an amount sufficient for four adults, take one cupful of wheat, wash it clean in cold water; put it in a tin pail or crockery bowl, or other suitable utensil, and add one-half a teaspoonful of salt and three cups of cold water. Then suspend the pail in a pot of cold water, set it on a heated stove, and boil for eight or ten hours; or cook for the same time in a double water-jacket boiler. (A common glue-pot does well for small quantities.) Or cook for the same time in a "Chamberlain" or other steam cooker. When cooked, it should be soft, adhesive, glutinous and easily masticated. Serve with butter, or milk, or cream, or eat it without—as the Asiatics eat rice, with no seasoning. If the cooking is well done, there is an agreeable nutty flavor of the wheat, which corresponds to the bouquet of grapes. This flavor seems to be lost when the wheat is cracked, crushed or ground long before cooking. If this flavor is not desired, the cleaned whole

wheat may be pounded in a mortar or run through a coffee mill. This will shorten the time of cooking to four hours and less.

#### ADVANTAGES.

This is a perfect food, and gives all the body's tissues a chance to be fed and nourished. It is intended that this should take the place of oatmeal, which has less gluten as compared with wheat, and is harder to digest. It is better than flour. Magendie fed dogs on flour exclusively, and they died in forty days, while other dogs thrived on whole wheat. Judge Abbott, of Boston, once told me of some shipwrecked sailors who were obliged to live on flour alone, and they nearly starved. They could have lived on wheat. It is more economical than flour. It goes farther, feeds better and gives better nutritive results than flour. Hence, when money is scarce and resources have to be husbanded (or "wifed," it may be more truly said), a resort to this food will be very satisfactory. The objection to the tegumentary coats is not so great as some suppose. I have practically tested this point to my satisfaction with my patients. This food is free from yeast, and hence less liable to fermentation in the alimentary canal. The danger of loss of health on this food is much less than on flour and sugar.

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**COTTON-GRAFTING.**—In an obstinate ulcer, the depression was filled with absorbent cotton, saturated in sublimate solution 1:500; strips of adhesive plaster held the cotton in place, and it was covered by borated cotton, over which antiseptic gauze was applied, and the whole closed with strips of rubber plaster. Rapid recovery.—(*Perl, in Jour. Am. Med. Assoc.*) While publishing

this for the benefit of those who are anxious to try new plans of treatment, we believe that no peculiar benefit is to be derived from sponge or cotton-grafting and that the older plans of treatment, as modified by antisepticism, give excellent results. Recent researches have shown that the sponge-graft is not organized, but serves merely as a framework for the growing tissues.—*South'n Cal. Prac.*



## CLASSIFICATION OF SKIN DISEASES.

By F. C. CURTIS, M.D.,

PROFESSOR OF DERMATOLOGY, ALBANY MEDICAL COLLEGE.

This subject is one concerning which a deal has been written, and each writer has prepared a classification of his own. Galen began it by dividing skin diseases into those of the head and those of the rest of the body, a plan not lacking at least in simplicity. It is impossible to make a classification that is at once simple, useful and consistent to any proposed plan. The reason is that it is profitable to associate together diseases which are for different reasons not alike in respect to any one predominant feature. Thus, a classification based on pathology, which is the most reasonable system of classifying, if carried out strictly, would separate diseases which it would be better to have kept together. Consistency to one prescribed basis is of less importance

than practical usefulness. The object to be sought is to bring together the diseases into separate groups that have the most natural common characteristics, in order to facilitate their study. Such a classification is a material help to the student. Hebra proposed a plan in the main pathological, and he has been more generally followed, with modifications, than any one else. Such is the system adopted by the American Dermatological Association.

The following table has been prepared on printed cards for the use of the students of the Albany Medical College, and is followed in their instruction. Some changes have been made that seemed reasonable, but in the main it follows the general plan first proposed by Hebra.

## CLASS I.—AFFECTIONS OF THE GLANDS.

1. OF THE SWEAT GLANDS.	a. <i>As to quantity of secretion.</i>	{ Hyperidrosis. Anidrosis.
	b. <i>As to quality of secretion.</i>	{ Bromidrosis. Chromidrosis.
	c. <i>With retention of secretion.</i>	{ Sudamina. Dysidrosis (or Pompholix.)
2. OF THE SEBACEOUS GLANDS.	a. <i>Due to increase and alteration of sebum.</i>	{ Seborrhœa: oleosa. sicca. cornea.
	b. <i>Due to retention of sebum.</i>	{ Sebaceous cyst. Comedo. Miliium.
	c. <i>Due to inflammation of glands and surrounding tissue.</i>	{ Acne: papulosa. pustulosa. indurata. Acne rosacea.

## CLASS II.—INFLAMMATIONS.

## 1. EXANTHEMATATA.

Roseola.  
Erythema:  
a. simplex.  
b. intertrigo.  
c. multiforme.  
d. nodosum.  
Urticaria.

## 2. ERYTHEMATOUS.

## 3. PAPULAR.

Lichen:  
a. simplex.  
b. ruber.  
c. planus.  
d. scrofulosus.  
Prurigo.

## 4. VESICULAR.

Herpes:  
a. iris.  
b. febrilis.  
c. progenitalis.  
d. gestationis.  
Dermatitis herpetiformis.  
Herpes zoster.  
Miliaria.

## 5. BULLOUS.

Pemphigus:  
a. vulgaris.  
b. foliaceus.  
Hydroa.  
Pompholix.

## 6. PUSTULAR.

Sycosis.  
Impetigo.  
Impetigo contagiosa.  
Ecthyma.

7. MULTIFORM  
(of lesion).

Eczema:  
a. erythematosum.  
b. vesiculosum.  
c. papulosum.  
d. pustulosum.  
e. rubrum.  
f. squamosum.  
Dermatitis:  
a. calorica.  
b. venenata.  
c. traumatica.  
d. medicamentosa.

## 8. SQUAMOUS.

Psoriasis.  
Pityriasis simplex (or capitis).  
Pityriasis rubra (or dermatitis exfoliativa).

## 9. PHLEGMONOUS.

Furuncle.  
Carbuncle.

## 10. ULCERATIVE.

Ulcus.  
Onychia.

## CLASS III.—HÆMORRHAGES.

## Purpura:

a. simplex.  
b. rheumatica.  
c. hæmorrhagica.

Hæmatidrosis.

## CLASS IV.—HYPERTROPHIES.

## 1. OF PIGMENT.

Lentigo.  
Chloasma.  
Melanoderma.  
Nævus pigmentosus.  
(and pilosus.)

2. OF EPIDERMIS  
AND PAPILLÆ.

Ichthyosis.  
Verruca.  
Keratosis pilaris (or lichen pilaris.)  
Callositas.  
Clavus.  
Cornu cutaneum.

3. OF HAIR AND  
AND NAIL.

Hirsuties.  
Onychauxis.

4. OF CONNECTIVE  
TISSUE.

Scleroderma.  
Sclerema Neonatorum  
Morphœa.  
Elephantiasis.  
Dermatolysis.

## CLASS V.—ATROPHIES.

## 1. OF PIGMENT.

Albinismus.  
Vitiligo.  
Canities.

## 2. OF CORIUM.

Atrophia senilis.  
Atrophia maculosa et striata.

## 3. OF HAIR.

Alopecia.  
Alopecia areata.  
Trichorexis nodosa (fragilitas crinium).

## 4. OF NAIL.

Atrophia unguis.

## CLASS VI.—NEW GROWTHS.

1. OF CONNECTIVE TISSUE.	{	Keloid.	{	Lupus:
		Molluscum fibrosum.		a. erythematosus.
		Lipoma.		b. vulgaris.
		Xanthoma (vitiligoïdia).		Rhino scleroma.
2. OF NERVES.	{	Neuroma.	{	Scrofuloderma.
				Molluscum contagiosum.
3. OF VESSELS.	{	Angioma.	{	Syphiloderma:
		Nævus vasculosus.		a. erythematosum.
		Lymphangioma.		b. papulosum.
				c. pustulosum.
4. CELLULAR.	{		{	d. tuberculosum.
				e. gummatosum.
				Lepra:
				a. tuberosa.
				b. maculosa.
				c. anæsthetica.
				Sarcoma.
				Carcinoma.
				Epithelioma.

## CLASS VII.—NEUROTIC AFFECTIONS.

Hyperæsthesia cutis.  
 Dermatalgia.  
 Pruritus.  
 Pruritus hiemalis.  
 Anæsthesia cutis.  
 Feigned eruptions (artificial).  
 (Zoster, or Herpes zoster, see Class II., No. 4.)

## CLASS VIII.—PARASITIC AFFECTIONS.

1. VEGETABLE.	{	Tinea favosa (or favus).	2 ANIMAL.	{	Scabies.
		Tinea versicolor.			Pediculosis:
		Tinea trichophytina			a. corporis.
		(or "ring worm"):			b. capitis.
		a. corporis (t. circinata).			c. pubis.
		b. capitis (t. tonsurans).			
		c. barbæ (t. sycosis)			
		d. cruris (eczema margina-			
		tum).			

## ABSTRACTA.

**SOUR MILK IN SUMMER DIARRHŒA.**—Sour milk will sometimes, both in young and old people, stop diarrhœa, but it will occasionally produce that complaint. If the milk is good and well prepared and taken in moderate quantities, it will in most people arrest mild diarrhœa; but if the milk be badly prepared and taken in large quantities, it will in many cases cause diarrhœa. Good sour milk taken in moderation has a tendency to regulate the action of the bowels, so that if the patient has diarrhœa it stops it, or moderates it, and if he suffers from constipation it frees the bowels and causes healthy action. But the utility of sour milk is more apparent in atonic indigestion, I believe, than

in any other complaint. In August, 1885, in a communication to the *Lancet*, "Sour Milk in Atonic Dyspepsia," I mentioned in a few words the advantages to be derived from it in dyspepsia. With your kind permission I will repeat some of the remarks I then made.

"I find that sour milk is a good remedy in many cases of atonic dyspepsia, or, at all events, it is a good adjuvant in the treatment of slow digestion, where flatulence and a sensation of cramp in the stomach are prominent symptoms. The good effects of sour milk were casually discovered by me some months ago, and since then I have prescribed it with satisfactory results in many cases of indiges-



tion. If the curd of the milk should disagree with a patient, it should be strained off, and the whey can then be given, or taken a short time after meals warm. A gentleman who suffered much from flatulence and other disagreeable symptoms after meals, can now keep himself free from them by drinking, half an hour or so after eating, a tumblerful of ordinary cold sour milk, which to him is a most agreeable beverage. I believe the efficacy of sour milk in atonic indigestion is owing in a great measure to the lactic acid which it contains, which acid, some physiologists say, is one of the ingredients of the gastric fluid."—*William O'Neill, M.D., M.R.C.P. (Lond.), Lincoln; Med. Press and Circ., London.*

**DIET IN ALBUMINURIA.**—The condition known as "large white kidney," a malady of tolerably common occurrence, is due in a large number of cases to the chronic irritation set up in the eliminatory organs by the excretion of incompletely oxidized nitrogenous matter resulting either from excess of nitrogenous material ingested or from hepatic or other visceral disease. In either case it is important to bear in mind that the object to have in view is to reduce, or at any rate not to augment, the quantity of these partially oxidized products. For this reason albuminuric patients should avoid foods containing an abundance of these extractives. Beef tea, beef extracts, and the like, are little less than poison to them, as they invariably accentuate the irritation and aggravate its results. It has been found that the systematic subcutaneous injection of these substances in guinea-pigs gave rise to the characteristic renal lesions with the usual train of symptoms, the severity of which was in direct proportion with the quantities injected.—*Med. Press and Circular, London.*

**GASOLINE FOR EPITHELIOMA.**—An old woman had for twelve years a tumor on the bridge of the nose, close to the corner of the eye. This tumor had always been regarded as an epithelial cancer, and was so pronounced by all the physicians who had examined it. I have observed the growth for many years, and always considered it malignant. Its history was that of epithelioma. It began as a small pimple or speck, and very slowly grew in size

and spread in area. At times it was very red and itched intensely. Its surface ulcerated and secreted pus. When I last saw the tumor about three years since, it was in circumference about the size of a nickel and considerably elevated above the surface of the surrounding skin. Early in February she hailed me on the street to show me that her "pet" was gone. I was much surprised at finding not the slightest trace of the tumor left, nor even a scar in the skin. She told me that she had used nothing but gasoline on it, applied, according to her statement, as follows: She took a little wad of cotton, wet it with gasoline and placed it upon the tumor and allowed it to remain for a few minutes and then threw it off, repeating the operation from day to day until the whole growth was gone. The suppurating surfaces dried up and the tumor simply shrank away. Gasoline is not a caustic, nor even an irritant to amount to any thing. There can be no doubt but that the tumor, whatever it was, was literally cured by the application of gasoline.—*Williams, in St. Louis Medical and Surgical Journal.*

**ANTIPYRIN** should be administered with or immediately after a meal, otherwise pain, nausea and discomfort may result from its contact with the walls of the stomach. The cutaneous manifestations which sometimes follow its ingestion are probably due to vaso-motor disturbances characterized by peripheral dilatation of the arterioles. In certain cases the rash has simulated that of scarlatina, with intense itching. There is every reason to suspect that in consequence of the present great demand for the drug, due care may not be employed in its manufacture, and it is suggested that an analysis should be ordered whenever toxic symptoms are observed. Dr. Dujardin-Beaumetz claims to have detected a mixture of benzine in certain samples, the presence of which would explain many untoward effects. It should be borne in mind, especially by the public, that we have in antipyrin a useful but potent agent, the use of which in unskilled hands may and will in a certain proportion of cases give rise to severe and even fatal symptoms. Manufacturers would also do well to look a little more closely to the purity of the drug, otherwise it may fall into discredit.—*Medical Press.*

**ICHTHYOL IN SURGERY.**—Ichthyol was first described by Schrötter, and used in the treatment of skin diseases by Unna. It is obtained as a clear yellow-brown oil by distilling bituminous matter found in Tyrol, and containing the fossilized remains of fishes and marine animals. By the action of sulphuric acid on this distillate, and subsequent neutralization with soda or ammonia, either the sodium or ammonium sulphichthyolate is produced. The latter compound is preferred by Unna.

The ammonium sulphichthyolate is a reddish-brown, clear, syrup-like liquid of burning taste and odor, soluble in water, making a clear red-brown solution; also soluble in equal parts of alcohol and ether.

The ichthyol preparations are characterized chemically by their richness in sulphur (ten per cent.), so intimately united that it can only be extracted by complete decomposition (Lartigueau); they easily take up oxygen, acting as powerful reducing agents (Baumann).

Clinically, the ichthyolates are described by Unna as being powerful antiphlogistics, causing anæmia and rapid subsidence of swelling in all tissues. This antiphlogistic effect is ascribed to the drug's action on the endothelium of the blood vessels, depriving it of oxygen, in virtue of its reducing properties, and contracting the lumen of the vessels. This explanation is not, perhaps, entirely satisfactory, but physiological studies have not yet given us a better one. The cornifying effect of the drug on the epithelium of the rete is undoubted.

Surgically, what are the indications for the drug?

Lartigueau states that it is indicated in all subcutaneous and inflammatory tumefactions, œdemas, vascular dilatations, incipient furuncles, and local manifestations of rheumatism.

Elliott praises it highly in burns of the first and second degree (five per cent. solutions in water), as producing rapid subsidence of pain and inflammatory symptoms. He finds its application to obstinate varicose ulcers associated with eczema rubrum (sodium compounds, three to five per cent.) at times productive of marvelous results. In his hands it is also useful in cicatrices, and in a few cases of rheumatism and neuralgia has given immediate and marked relief from pain.

Schweminger states that in rheumatism, lumbago, ischias, tic, gout, and migraine, local applications of ichthyol act more powerfully in allaying the pain than any known medication.

Lorenz is astonished at the fabulous efficacy of the drug. In acute and chronic joint rheumatism, acute muscular rheumatism, mastitis, pararit, and contusions, a few rubbings with pure or fifty per cent. ichthyol compounds are peculiarly successful in allaying pain and hastening healing. In chronic and acute joint rheumatism relief often follows a single rubbing, while this is the rule in acute muscular rheumatism. The pain of gout disappears, the shining red skin becoming quickly wrinkled. A beginning mastitis or pararit is always aborted, or if fully developed, the pain is much relieved. Its prompt use prevents the discoloration following contusions. It immediately allays the pain of a burn, and prevents blistering. Finally, a ten per cent. solution hastens the cicatrization of badly-healing ulcers.

Loring dilutes with water when the pure ichthyol compound cannot be borne, and prevents irritation of the skin by careful washing and drying before each application.

Von Nussbaum states that a single application of ichthyol one part, water four parts, lanolin five parts, has allayed the itching of eczematous ulcers which had resisted all known applications for weeks and months, and promptly brought about rapid cicatrization on being continued a few days. Arthritic pains which for weeks have made day and night miserable are relieved at times in one-half minute after the application of a strong ichthyol ointment. In erysipelas it produces results obtainable by no other means, namely, the immediate arrest of the disease. Von Nussbaum's treatment was, first, the thorough disinfection and drainage of the wound, then, if the disease continued to extend, over its whole surface a thick layer of ichthyolate and vaseline, equal parts, was spread and covered by a layer of ten per cent. salicylated cotton. The erysipelas advanced not a line further, and in a single day the swelling disappeared, and the red, shining, puffy surface became yellow, brown and wrinkled. This remarkable effect Von

Nussbaum ascribes not to the influence of the drug on Fehleisen's cocci, but rather to a change produced in the tissues by virtue of which they cease to favor the growth of the micro-organisms.

Stelwagon has had excellent results in the abortion of furuncles by ichthyol preparations.

Agnew considers the ichthyol preparations more powerful than any known therapeutical agent in bringing about reduction of inflammatory enlargements, and has had particularly good results in recently enlarged lymphatics. He uses sulphichthyolate of ammonia and iodide of lead, equal parts, applied generously and covered in by oiled silk.

The writer has used ichthyol in—

(1) Six cases of cervical adenitis, with absolutely no relief; cure being subsequently brought about by iodine or the knife.

(2) Fifteen cases of marked inflammatory induration of the subcutaneous tissues, with invariably a speedy, and in some cases almost magical, reduction, and this after other means had been tried unsuccessfully.

(3) In two cases of furuncles, without good effect.

(4) In one case of cellulitis, without marked effect till the knife was used (in this case staphylococci were found, but no chains).

(5) In four cases where pain was the most marked feature of inflammation, with complete relief in three, and no effect in the fourth.

(6) In one case of erysipelas of the scalp, with immediate cure.

The latter is so striking that it is reported:

B. C., bartender, æt. 36; full blooded irishman. Struck on the head by a bottle, while intoxicated, December 20, 1887. Two slight wounds of the scalp, to which no dressing was applied. 22d. Chill, fever, nausea, great pain in the head, and swelling. Went to a clinic; wounds were opened, disinfected, and catgut drainage provided; symptoms progressive. He was seen by the writer on the second day of his fever, the fourth from the infliction of the wound. No sleep for two nights. Pulse 106; temp. 103°. Violent headache; whole scalp puffy, œdematous, and very tender; a few drops of thin pus squeezed

from wounds. Cover-glass preparations of blood from puncture by tenotome showed Fehleisen's chains. A saline purge and iron were ordered internally. On the scalp was placed a thick layer of ammonium ichthyolate and vaseline, equal parts. The pain was relieved almost immediately; the patient slept comfortably; his temperature the following morning was 98°, and he was and remained well.

This is not different from the results obtained by Nussbaum.

With the exception of the case of erysipelas, the writer used a ten per cent. ointment of ammonium ichthyolate in lanolin, fearing lest, in the case of stronger applications, his effects might be ascribed to counter-irritation. It is possible that stronger preparations would have proven efficacious in the treatment of adenitis, in which the weak ointment signally failed.

The extravagant praises bestowed by some authors on ichthyol savor more of proprietary advertisements than scientific contributions, and the variety of affections for which it is recommended might well make one doubtful as to its complete efficacy in any single instance.

An analysis of the cases in which it has proven serviceable will show, however, that they can be relegated to one of two classes:—

1. Affections characterized by inflammatory enlargement.

2. Affections characterized by pain of peripheral origin, probably depending on inflammation or congestion.

For either of these conditions, theoretically, a powerful antiphlogistic would be indicated, so that the clinical indications for the use of the drug correspond to its alleged therapeutic effect.

When the surface is irritated, weak solutions (three to five per cent.) should be used; but when the skin is intact and the subcutaneous tissues are to be affected, pure or one-half strength ointments give the best results. In using strong preparations, the skin should be washed with soap and warm water, and thoroughly dried before each application. Ichthyolates can be combined with any of the ointments, or can be dissolved in water.

The writer's success with the drug, even where it was not used in the most efficient manner, has convinced him that the praise bestowed on it by the Germans



is well merited. Where suppuration has actually taken place, the weak ointment is not of service, but in the allaying of inflammatory pain and the resolution of subcutaneous induration (excepting adenitis) the results are most satisfactory.—*Edward Martin, M.D., in The Polyclinic, March, 1888.*

**POTT'S FRACTURE.**—Robert Jones, *Liverpool Med.-Chirurg. Jour.*, July, 1887: There are two objects to be attained—the reduction of deformity, and the maintenance of reduction.

Reduction is accomplished more readily in proportion to the absence of delay. Walter dressings and Fabian policies should be rigidly discarded, as even twenty-four hours may make a material difference in the easy success of manipulation. My advice to house-surgeons and others is to seize the earliest chance of replacing the astragaloid luxation. A patient brought straight from his fall, with no matter how terrible an eversion, presents no approach to difficulty. It is hard to give any rule of procedure which alike will remedy the defect of symmetry in all cases. Generally speaking, after flexing the knee it is best to firmly grasp the foot, the dorsum in the right hand and the heel in the left, and to steadily pull for a few seconds. Next move the foot a few times from side to side and powerfully invert. Should this fail, start again, repeating the former movements, and on each occasion a gain in the right direction is recorded. This may be even again repeated. If, notwithstanding, deformity yet remains, increase it by still further everting the foot,\* and then repeat the primary manipulations. Should it still be unsatisfactory, a gradual replacement must be attempted by means of pads. But the effort at reduction should be long continued, and very rarely indeed given up as futile.

[The importance of complete reduction is so great the patient should be if necessary, anæsthetized to thoroughly accomplish it.—*Ed. Analectic.*]

Once reduction be complete, there is no tendency to recurrence of deformity, and therefore no real occasion to employ those splints which are devised to counteract

special displacement. Lest, however, a little deformity remain, it is well to put on a couple of side splints and a posterior splint, the side splints being armed with pads suitably arranged to minimize deformity. The splints I have been accustomed to use are made of malleable sheet-iron, and the practitioner can with his foot press the ends of both side splints so that they approximate on the sole, forming a support which maintains the ankle at right angles. When the splints are adjusted the patient must be directed to flex the knee and lie on the outer side of the leg. Just a few words respecting the position of the ankle. It is of the utmost importance that the ankle be kept at right angles, and that the bedclothes be prevented from pressing upon the toes and extending the joint. After results, very serious by reason of their tediousness, are due to neglect of this precaution, and hardly a month passes but a case presents itself at our out-patient department, walking upon his toe with a contracted tendo Achillis, which might have been well months previously, were it not for the overlooking of this apparently trivial detail. Patients should be kept in splints for fully five weeks, and even then the foot should only be very tenderly dealt with. Mr. H. O. Thomas is accustomed to crook the heel of the boot, the slope being from without inwards, the lowest point being on the inner side, as soon as the time for walking commences, and this precaution will be found of much service. The more moderate the exercise during the initial period of walking, the better the ultimate result. The patient should be kept under observation for at least three months.

Among the troubles following these fractures we may place:—

1. *Persistent Pain over the Ankle-Joint.*

—This is generally due to injury which the articular surface has suffered at the time of the accident. It must have been sufficiently severe to have outlasted the period of rest which the fracture necessitated. The pain is generally most marked over the deltoid ligament, and, though lessened, does not disappear at night-time. It is needless to say that passive motions in such cases are sad blunders, and result in increased pain and decreased movement. Rest is the remedy.

\* Mr. Thomas has drawn attention to this in the reduction of luxations, vide "Contributions to Surgery," part vi.

2. *Swelling of Foot Increased on Movement.*—This may be due to chronic synovitis, but generally results from circulatory disturbances, arising sometimes from the results of tight bandaging, but oftener from inefficient reduction, with subsequent outpourings of callus. The errors in circulation are best attended to by directing the patient to elevate his leg, to keep his knee slightly flexed, to apply hot applications, and to adopt surface frictions from foot to knee twice every day. A little exercise is good, but immediately on return let the patient fall on his back and elevate the foot.

3. *Pain over Site of Fracture.*—As a rule this is due to the unsoundness of the bond of union, and is frequently the result of permitting too early perambulation. It may or may not be accompanied by deformity. The treatment of the former cases I shall at some future date take an opportunity of publishing in detail, with accompanying diagrams. If there is no deformity, the ankle should be still further kept quiet, should be supported by plaster, and later on the heel of the boot crooked as suggested by Mr. Thomas. If, despite these precautions, walking is irksome, an iron stem should be fitted to the outside of the leg, and into the heel of the boot, and the leg well bandaged to it night and morning.

4. *Contracted Tendo Achillis.*—This is a common accident of neglected precaution in the treatment of Pott's fracture. There is no excuse for it. *It should be an axiom that the foot be kept at right angles.* Simple as the treatment of such cases may appear, in actual practice real difficulty is encountered. Suppose, for instance, the case is one where the joint has become stiff from articular mischief. Division of the tendon here would avail but little, and we shall be forced to adopt those measures applicable to ankylosis. In other instances, also, where there is no arthritis, much force has to be expended upon the foot, in addition to tenotomy, before the result is respectable.

It is, therefore, clearly wiser to avoid the necessity.

The after-treatment consists in knocking the heel of the patient's boot, and directing him to amply exercise the stiff articulation.

5. *Deformity.*—This may be due to in-

efficient primary reduction, or to return of displacement from pressure on the foot during unsoundness of the fibular bond. This will be treated of later.

[In this city Pott's fractures are usually put up in plaster-of-Paris splint.—*Ed. Analectic.*]—*The Analectic.*

A NEW METHOD OF TREATING POTT'S FRACTURE.—In the condition known as Pott's fracture the displacement which occurs is twofold, viz., (a) outwards and (b) backwards. The first of these deformities is universally recognized, but the second is often overlooked, because the ordinary method of putting up this fracture (in back and side splints) hides the displacement backwards whilst the apparatus is on, although it does but little to remedy it, so that when the patient begins to walk he finds that his progress is considerably impeded. An examination of the foot in such a case will show that the heel is much more prominent than it should be, that the concavity of the tendo Achillis is increased, and that the foot, if measured from the anterior margin of the tibia to the end of the big toe, is found to be shortened.

The ordinary method of treating Pott's fracture by back and side splints is unsatisfactory, because (a) considerable difficulty is found in correcting the outward displacement of the foot, necessitating constant re-arrangement of the side-splints, and (b) the backward displacement is not adequately affected unless so much backward pressure is made on the ankle as to incur the risk of a sore heel. To get over these difficulties Cline placed the limb on an outside splint (known as Cline's splint) and flexed the knee so as to relax the calf muscles. This method answers very well as far as the outward displacement is concerned, but has hardly any effect on the backward one.

To remedy the latter, Dr. E. W. Rough-ton (*Lancet*, December 10, 1887) has adopted a modification of Cline's method. The splint used as an outside splint with a foot-piece padded thickest where the foot-piece joins the other portion of the splint. Three bandages are fastened by means of safety pins, one at the ankle passing from the instep of the splint below the ankle and turning round the heel; the second placed just above the ankle, and likewise

being turned towards the heel; while the third is placed just below the knee, and turned in the opposite direction over the calf of the leg. The injured limb having the knee flexed is then laid upon the splint so that the outer edge of the foot is well supported by thick padding, and then fixed by the bandages, one being first applied above the other. The upper bandage passes backward between the limb and the splint, then turns forward around the back of the limb and makes traction forwards, and it is then fixed by a pin, the other bandages being tightened at the same time. The middle bandage passes forward from the back of the splint between the splint and the limb, and then turns over the front of the leg and pulls backwards. The lower bandage is the most important one, and passes from before backwards between the splint and the limb, turns over the point of the heel and pulls forwards and downwards. The two lower bandages are wrapped once around the limb and splint and then fastened with safety pins. Usually in forty-eight hours the heel bandage will require to be tightened, owing to relaxation of muscular spasm. When bruising has subsided and a sufficient amount of union taken place, this apparatus is removed and the limb put up in a silicate bandage, taking care to keep the foot well adverted and at right angles to the leg. Dr. Roughton states that he has found this method of treating Pott's fracture very simple and efficient, the foot and ankle eventually being as useful and shapely as before the accident. The great advantage of the whole bandage is that it exerts a uniform and elastic pressure in the direction required, and never produces that unfortunate result—a sore heel.—*Therapeutic Gazette*.

**THE USE OF CALOMEL IN THE PREVENTION OF PITTING IN SMALL-POX.**—In order to prevent the forming of pustules, or the disfiguring marks, on the face in small-pox, many methods have been recommended, but none can boast of sure and successful results.

Among the remedies which have gained great reputation may be mentioned the application of indifferent fats, collodium, tincture of iodine, a solution of carbolic acid or of corrosive sublimate, also cutting

of the pustules and cauterizing them by nitrate of silver, and, finally, various forms of masks on the face, or continual cold compresses. Although the latter would seem to give the best results, it cannot be always employed, either because not everybody can support cold compresses, or because this application is troublesome to make, as it requires constant attention.

Having frequently had such cases under his care during a recent epidemic of small-pox at Warsaw, Dr. Joseph Drzewiecki, in a letter to the *New York Medical Record*, January 21, 1888, states that he has convinced himself that calomel, applied as a powder on the face, does not prevent the development of vesicles from the papules; but when vesicles or pustules were developed, it caused them almost immediately to dry up, and in this manner prevented the formation of marks. How and why calomel acts in these cases the author does not pretend to explain. However, we may suppose that possibly several agents have a share in producing this result. Perhaps the calomel acts partly as calomel, partly as sublimate, or partly, perhaps, as metallic mercury, since calomel becomes decomposed into these two latter substances under the action of light; and the mercurials then act either by immediately destroying the micro-organisms or by preventing their development.

In his cases he employed calomel alone, in the form of powder, dusting it over the face, or mixed it with starch in the proportion of twenty to thirty per cent. The author supposes that, instead of calomel, the oxide of mercury might also be employed with success. As regards the strewing of calomel into the eyes, sometimes adopted with a therapeutic aim, we need not fear that it will do them any injury.—*Therapeutic Gazette*.

**THE ACTION OF STROPHANTHUS.**—Fraenkel sums up his views as follows:

1. Twelve cases of valvular trouble, mostly mitral stenosis and insufficiency, and aortic stenosis. Three cases were complicated by considerable dilatation of the left ventricle, chronic nephritis, interstitial hepatitis, and pleuritis dextra. Seven of these did not react to the drug; in four there was a brilliant success; in one a moderate one. The maximum dose



was 20 to 30 drops in the day. In the improved cases, dyspnœa, œdema, etc., lessened, but the remedy refused to act after some days, because the system had gotten used to it. In the negative cases, digitalis acted excellently four times; moderately well, once; and not at all in two.

2. Three cases of arterio-sclerosis, with dilatation and hypertrophy of the left ventricle. Here strophanthus was without effect; while in two of these cases digitalis was of real service. The cardiac asthma was not at all influenced, which is not in accord with Zerner and Löw's nor with Fraser's views.

3. Three cases of functional disorder of the heart—weakened heart. Two from alcohol, one from tobacco. In these cases, with irregular pulse, dropsical effusions and dyspnœa, it acted extraordinarily favorably. One patient received, up to the time of his discharge as cured, in seventeen days, 16.5 grams; another, in twenty-two days, 21 grams of the tincture.

4. In chronic nephritis the results were negative.

5. A case of portal engorgement, with cirrhosis of the liver. The result was a brilliant success, the ascites disappearing.

Fraenkel concludes:

1. Strophanthus exercises a distinctly tonic action on the heart—in proper doses it may stimulate, it increases blood-pressure, increases diuresis, and removes œdema.

2. It acts moderately in valvular affections, kidney troubles, increased arterial pressure, and favorably in functional heart troubles, and possibly in portal congestion.—*Munch Med. Woch.*, No. 3, 1888.

**POISONING BY NITRE; TREATMENT WITH APOMORPHINE.**—Dr. H. W. Peard, of Coole Abbey, Fermoy, Ireland, writes to the *British Medical Journal*, January 14, 1888: A farmer's wife, aged 60, took a very large dose of nitre, mistaking it for sulphate of magnesia. This was taken on an empty stomach. When I got to the house I found that she had swallowed some bread and milk. She had also swallowed some warm water, but could not excite vomiting. Her pulse was about 38; she appeared very sallow and pale, and complained of some epigastric pain, but her chief complaint was of cold. "Oh,

the cold, the terrible cold, is killing me!" Her hands and feet, however, did not feel cold to the touch, and she had a considerable covering of blankets. I at once dissolved a tablet of one-tenth grain of apomorphine and injected the same into her arm. In three minutes and a half emesis took place without apparent effort on the patient's part, and over a pint of the contents of the stomach was vomited. I then got her to swallow half a pint of warm milk, which was again ejected. After this there was a little retching, or rather I might call it a few involuntary contractions of the stomach, and then the action of the drug seemed ended. There was little prostration, though there was some purging with blood in the stools, but no blood, as well as I could ascertain, in the urine. An opiate in some brandy and water and a little good chicken broth had made her all right by next day, and she went about her household work as usual. She had taken about two ounces of nitre. The case seems to speak well for apomorphine. I must add that I had some experience with the drug, as I hypodermically injected it with marked success on a former occasion where a child had swallowed some spirits of turpentine, and on two occasions when I thought my dogs had taken poison.—*Homœopathic Recorder*.

A LITTLE KNOWLEDGE OF CHEMISTRY, says the *Hospital*, has often, when possessed by a person of an experimental turn of mind, led to disastrous results; but total ignorance may be more dangerous still. Some time ago a nurse in a London Hospital was cleaning a bottle which had contained glycerin. To facilitate matters she poured in some nitric acid, thereby unintentionally forming the explosive compound nitro-glycerine. The bottle burst in her hands, and one piece flew up and struck her face with such violence that her cheek was badly cut and one eye seriously injured.

**HYPNOTISM CONDEMNED.**—The committee charged by the Belgian Academy of Medicine to report on the dangers of public experiments in hypnotism has come to the conclusion that they are dangerous both morally and physically, and recommends the prohibition of them.

# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE

*ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.*

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VOL. IX.—No. 4.

APRIL, 1888.

\$1.00 A YEAR.

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THE medical colleges have most of them made their annual spring contributions to the body medical. As the college and its students part company and a season of quiet reflection may be indulged in, the former may very pertinently revolve mentally the question whether it has been doing all it could, and ought, to turn out nothing but good men. Some of them are contributing some very poor ones to the profession. The student, also, may reflect upon the toil, self-denial, drudgery, that every physician has to encounter, and whether his heart is made up to it; no one has been so successful as to escape it, though some have loved their work so well as to have disregarded it. And physicians, too, should reflect that they have some responsibility toward young men applying to them for their service as preceptor, to strip away the glamour and show the applicant what is before him in its reality, and point out to him that his time and money would be better spent in some other avocation unless he is earnest and whole hearted in his determination to prepare well and then to serve well.

\* \* \*

AN act has passed both houses of the legislature empowering and making it the duty of local boards of health in this state to destroy all animals in their jurisdiction affected with glanders. The pro-

ceedings of such boards are to be in pursuance of such regulations as the State Board of Health may prescribe. The act will probably receive the Governor's sanction. It affords a remedy for a difficulty which has caused some trouble for its relief under existing laws.

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## DR. GRANT-BEY AND THE BERLIN INTERNATIONAL MEDICAL CONGRESS.

Dr. Grant-Bey, of Cairo, has, we understand, been chosen by the Berlin Executive committee to represent Egypt on the committee for organizing the International Medical Congress that is to be held at Berlin in 1890. In connection with this mark of confidence in Dr. Grant-Bey, we may state that the German Government commission on the cholera outbreak of 1883 has just been issued. It is a large volume, and in it Dr. Grant-Bey figures as an opponent of Surgeon-General Hunter, Dr. Mackie, Dr. Dutrieux, Dr. Patterson and others in support of his well-known opinion that cholera is not endemic in Egypt. The German commissioners, whose report is characteristically exhaustive, express their obligations and thanks to Dr. Grant-Bey.

As the report will be a standard textbook on cholera for years to come, the fact cannot be otherwise than highly gratifying to Dr. Grant-Bey, in view of his

strenuous fight with British officialdom in the maintenance of his views—views founded upon a large experience and the results of much devoted service.—*Aberdeen Daily Free Press*, Jan. 19, 1888.

We regret to learn, from private advice, that the Khedive has notified Dr. Grant-Bey that he cannot go to the Berlin Congress as a delegate of the Egyptian Government. This is not on account of any unfriendly relations between H.H. and Dr. Grant-Bey; quite the contrary. The Khedive is a supporter of Dr. Grant-Bey, but has not power to protect him against the enmity of the English, who rally around Dr. Greene, the sanitary director at Cairo. The personal contest between Dr. Grant-Bey and Dr. Greene, in which the former contended that cholera was not endemic in Egypt, while the latter asserted that it was, resulted in the aggrandizement of Dr. Grant-

Bey to such an extent that the antagonism of a defeated rival has followed him ever since and made his residence in Cairo a stormy one, so far as all official relations are concerned. Nevertheless, Dr. Grant-Bey has secured, and maintains, the affection and confidence of the people, and is doing a tremendous work for Egypt and for medical science. We regret exceedingly that the Khedive should have found it necessary to warn Dr. Grant-Bey that the English had determined not to let him go to Berlin as an official delegate; but, happily, Dr. Grant-Bey is not praying for that honor. He will go to Berlin on his own account as the chosen officer of the Congress, and we doubt not that our German colleagues will be as much pleased with his genial personality and high scientific attainments as were his associates in the Ninth International Medical Congress at Washington.—*Med. Register, Philadelphia*, March 24.

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### BOOK NOTICES.

THE HYGIENE OF THE SKIN; OR, THE ART OF PREVENTING SKIN DISEASES. By A. Rurogli, M.D. 400 pages, 8vo, cloth. Mailed to any address on receipt of \$3.00. Cincinnati: Central Medical Publishing Company. 1888.

The author of this volume is connected with the Miami Medical College as instructor in dermatology and syphilis. His volume is on a somewhat novel plan; at least, it is not and does not pretend to be a work on dermatology after the common sort. It is more a treatise on the procedures and conditions upon which skin diseases depend, and in connection with these the diseases are cursorily noted. "The *Ætiology of Skin Diseases*" would have been a more appropriate title, although the one selected is sufficiently suggestive of the author's purpose. It is not lacking in the inevitable chapter on anatomy, with

which most writers preface their books on dermatology, but it bears evidence of original research. He finds that the connective tissue corpuscles of the corium are cells having elongations freely anastomosing with each other; the distension of a wound of the skin is due to the fact that the fascicles of the fibres cross each other in all directions. Pigmentation of the skin and hair are not due to climate and high temperature; it has most to do with hereditary influences, but is affected by civilization. Morbid impressions on the skin, which, as is well said, must be studied, as an organ, in connection with the whole system, fills a chapter under which some of the more important diseases are noted. Much weight is placed on the hereditary origin of disease under this head. The diatheses traverse familiar



territory in a succeeding chapter, especially that portion of it relating to the rheumatic diathesis. There is no doubt that nutritional aberrations enter largely into the production of cutaneous maladies. Later, we find chapters on the diseases produced by particular virus, on age as it variously affects the skin, eruptions produced by drugs and foods, external causes of skin disease, the influence of water on the health of the skin, clothing in its various bearings on the production of morbid conditions of the skin, parasites on the skin, etc. Under one of these headings some attention is given to medicated baths. A short chapter is given on cosmetics; one of more importance is on the hair. There is much that is entertaining and much of real value in this book, and a good many new suggestions can be found on a perusal of it.

**ESSENTIALS OF CHEMISTRY AND TOXICOLOGY.** For the Use of Students in Medicine. By R. A. Witthaus, A.M., M.D. Second Edition. 16mo, cloth. New York: William Wood & Co.

The contents of this handy little volume are far superior to those of most compends of its class. The author disclaims any desire to produce a "exam compend," and an examination of the book shows that it is one which may be used with great advantage by the student throughout his course as a legitimate help to the understanding of lectures and for purposes of review. Such brief manuals as these can never take the place of larger works, for they treat of many things, and of all briefly. They are but outlines, and while, small as they are, they contain more chemistry often than the majority of students or physicians ever know, the fact remains that their concentrated knowledge cannot be acquired in such a way as to make it practically valuable. The student who depends on such manuals, therefore, commits a fatal error, but he who supple-

ments his proper work in the lecture-room, laboratory and office by using them as they ought to be used, expanding all those parts not fully dealt with or clearly understood by study in some good textbook, may find them of very great service. Dr. Witthaus' book presents an orderly arrangement of the facts of chemistry essential for the student of medicine and the physician concisely and clearly stated. Physics has been omitted, very properly, while pharmaceutical and physiological chemistry and toxicology has been treated as fully as possible in the space at command. The book has a good index, and it is clearly printed and neatly bound.

W. G. T.

**DISEASES OF THE HEART AND CIRCULATION IN INFANCY AND ADOLESCENCE.** By John M. Keating, M.D., Obstetrician to the Philadelphia Hospital, etc., and William A. Edwards, M.D., Instructor in Clinical Medicine and Physician to the Medical Dispensary in the University of Pennsylvania, etc. Illustrated by photographs and wood engravings. Pages 215, 8vo, price \$1.50. Philadelphia: P. Blakiston, Son & Co. 1888.

This is the first attempt with which we are familiar to deal exclusively with circulatory diseases in childhood. It has appeared already in monthly installments in the *Archives of Pediatrics*. The first chapter deals with methods of study, fetal circulation and congenital diseases of the heart. Cyanosis, the authors state, is met with mostly among the children of the lower classes in large cities, among those with whom maintenance of life is a struggle. An extended bibliography of congenital heart diseases is appended. Inflammatory diseases fill the most of four chapters. The symptoms of acute pericarditis are likely to be masked in early life, the auscultatory signs attending effusion of lymph being alone diagnostic. Of diuretics for removal of serous effusion, the acetate and citrate of potassium

are preferred. Statistics of paracentesis of the pericardium, with cases, are given; it can be but rarely demanded. Valvular diseases, to which two chapters are devoted, are illustrated by two unusually clear photographs. It is suggested that the prognosis of valvular disease is extremely favorable—more so, at least, than the popular idea is concerning it; in fact, cases are cured, although doubtless the valves never are restored to their normal condition. Cardiac neuroses and diseases of the blood fill the two remaining chapters. The microscopic diagnostic feature of chlorosis is young, poorly formed blood corpuscles, deficient in hæmoglobin. Our main reliance in its treatment is arsenic. The same remedy is specially recommended in Hodgkins' disease, and our main reliance in its treatment is arsenic. In leucocythæmia, also, iron, arsenic and quinine in full doses, for months, are the drugs which give the most satisfactory results. The book may be regarded as an acceptable resumé of the subject which it presents.

INDEX MEDICUS. Published at Detroit, Mich.

The *Therapeutic Gazette*, January, says: "There is no profession in which the spirit of research and literary activity is as strong as it is in the medical profession. Some little time since we made a careful estimate by going over a volume of the "Index Medicus," and found that in round numbers about fifteen thousand doctors had written books and articles on medical subjects in the year. These doctors probably averaged three articles apiece, and if unsigned and uncatalogued editorials, etc., are counted in, probably not much less than fifty thousand articles were cast adrift upon the waters of medical publication in 1885. It is a fair estimate that one out of thirty of these articles was worth reading by a serious man, and the labor of hunting out the good pieces of timber in the vast

mass of drifting wood is certainly gigantic. Indeed, it would be impossible to do the thing satisfactorily at all were it not for such publications as the "Index Medicus." The receipts from the "Index Medicus" to the publisher are not nearly enough to cover the cost of so extensive a publication. It is most extraordinary that he does not in this matter receive better backing."

The Medical Society of the County of Albany, and the Albany Medical College are both subscribers. All physicians who can afford to send ten dollars annually for the "Index Medicus" should feel that such expense is a proper use of money; and others might write in small clubs to obtain this publication for their individual benefit, as well as from the missionary sense of public spirit.

OBSTETRIC SYNOPSIS. By John S. Stewart, M.D., Demonstrator of Obstetrics, etc., Medico-Chirurgical College of Philadelphia. 202 pages, duodecimo, illustrated. Physicians' and Students' Ready Reference Series, \$1.25. Philadelphia: F. A. Davis, publisher. 1888.

The object of this book is to economize time, give a comprehensive view of the modern status of the subject, and incite a desire for the knowledge of the details. The latest teachings of Playfair, Parvin, Lusk, Galabin, and Cazeaux and Tarnier have been consulted in its preparation.

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*The Boston Medical and Surgical Journal.* 24-page quarto, weekly, published by Cupples & Hurd, 94 Boylston street, Boston, Mass. \$5.00 a year.

*The Climatologist.* 64-page, double-column octavo, quarterly, 50 cents a year. Conducted by Wm. C. Chase and collaborators. Washington, D. C.

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## ALBANY MEDICAL COLLEGE; ALUMNI DAY AND COMMENCEMENT.

The library of the Albany Medical College was thronged Thursday morning, March 15, at the informal reception of alumni by the officers of the Association of the Alumni of the Albany Medical College and by the members of the faculty, which was held at 9:30 o'clock.

The fifteenth annual meeting of the association, in Alumni Hall, followed at eleven o'clock, being called to order by President Josiah H. Helmer ('47), Lockport, N. Y.

The address of welcome on behalf of the faculty was delivered by Professor Cyrus S. Merrill, as follows:

*Mr. President and Gentlemen; Members of the Alumni of the Albany Medical College:*

The duty has devolved upon me of representing the Faculty of your Alma Mater in welcoming you on this occasion—a duty which, however gratifying to me, I feel is not without its responsibilities.

It is not enough to say—what you would all appreciate without it being said—how gratifying it is to the members of the faculty to meet you once more, and to recall the memories of our association with you before you left us to go out into the great busy world.

All of this goes without saying; for we could not but feel a high degree of satisfaction that any event should again bring us together, and thus in a measure renew our old and pleasant associations.

But an occasion like this should not be permitted to pass without gathering from it the lesson which it so plainly teaches. This lesson is the relation and inter-relation of man with his fellows, seldom more emphatically demonstrated than in connection with the departure from college of the young graduate to take his place among the body of the alumni—a place which up to that period it has perhaps been his highest ambition to reach.

If the relation with his college ended with his graduation from it, there would be very little to be said upon this point, but the mere fact of the organization of such a College Alumni Association gives the negative to that.

There should be, therefore, and I am glad to say there is, almost always such a warm and ten-

der recollection of one's student days as to give sufficient reason for such a gathering as I am now addressing.

There are many ways, which will doubtless occur to you, in which the alumnus can practically illustrate at different periods of his life his interest in his college.

Remembering, too, that, as the years go on, those who take your place within the college walls regard with deep interest the progress of their predecessors, it will be seen that it is incumbent upon you to make such a record for yourselves as may be looked up to with respect and admiration by later students.

Thus the alumnus and undergraduate act and react upon each other, and your duty, even in this regard, is not wholly completed when you have parted with those who have sought to supply you with the tools and implements necessary for carving your way in your profession.

The faculty also regard you as illustrations of the manner in which they have performed their duty towards you, and as indicative of the manner in which that duty will be performed in the future.

The members of the Faculty watch with glad interest every step in the direction of progress which is made by you. They feel that as honors cluster about your heads your alma mater herself is honored by you.

Meanwhile, as one among you more apt or more fortunate than his fellows adds something to the intellectual wealth of humanity, your former preceptors become themselves students, and gladly learn and apply the advanced lessons of your experience in their daily teachings.

It is a mistaken idea that some have, which doubtless, however, you, if you ever had it, have long since gotten rid of, that when a young man leaves college his education is completed. Nothing can be further from the fact. You, in your practice and in your readings, if you follow the rapid progress of our science and our art, as it is set down in the literature of the day, will have long ago perceived that, as I said a moment ago, we fit you only with the tools and implements with which you are to work out your own destinies.

The world progresses always, and never with more rapid strides than in the present century, and I think I may say in no other department of science or art is this progress more positive or continuous than in the line of your own former



studies and present practice. Where, then, would your college be if it did not, as you must, keep in the current with this constant advancement? We should be behind the age.

Time, which makes room for genius and talent and the application of both, breeds inventions and discoveries daily in every department of knowledge. The student of to-day becomes the teacher of tomorrow. Meanwhile he never ceases to look back with gratitude and pride upon the days of his college toils, when he was being grounded in the studies from which in future times humanity should reap the benefit.

We act and react. You owe your alma mater a debt of friendliness and consideration which should be lifelong in its settlement, and no one can tell when or how the good natured alumnus may be best able to do something or to say something which shall show practically his interest in his old college.

The dictionaries of biography, which perpetuate the more valuable portions of the lives of men, contain at the very beginning, after the record of the birth of their subject, the announcement of his college graduation. This record is for all time; posterity remembers it, and while reading of the advantages conferred upon the race by the subject of the biographical sketch, fixes in its mind the personality of his alma mater. Thus we never lose sight of each other. Hand in hand we may be said to go on through life, mutually regarding and respecting our mutual advancement.

If you learn that your college is flourishing, that it continues to be a popular and respected institution of learning, you are glad. Under all circumstances you speak well of it. One always speaks well of the bridge that carries him safely over.

Meanwhile, on our part, as members of the faculty, it will be difficult to overestimate the encouragement we gain and the renewed strength given us to perform our duties faithfully and satisfactorily as we look out into the world and see those whom we have had under our charge and our instruction moving rapidly forward and upward and onward in the journey of life with success and with ever-deepening and widening self-respect.

So, also, it is encouraging for us to meet you, as upon the present occasion, to grasp you by the hand and welcome you among us; to read the exhilaration of good fortune in your alert activity; the sharpened and broadened intelligence in your clean-cut acquisitions from the vast storehouse of human knowledge in the outer world. You

are welcome now and always. Let us see you often. Let us hear of your progress often. Never shall we lose the warm interest which formerly attached us.

The year just closing has been one of continued prosperity with the college, as is evidenced by the excellence of the examinations passed before the faculty and the curators by this class of thirty-eight young gentlemen whom we to-day present for graduation.

Their gentlemanly conduct, close and earnest attention in the class-room, faithful and conscientious performance of all their college duties, have won for them the admiration and approbation of their instructors, and these same traits of character, if cultivated in later years, will surely win for them the confidence and esteem of the community in which their life-work may be found, and will enable them to gain honors for themselves, and, so doing, honor their alma mater and this association of her alumni.

The curriculum this session has been still further improved and enlarged by the addition of a special course of lectures on Medical Jurisprudence by Professor Balch, and by increasing the amount of clinical instruction given. Clinics have been held every week day, and the abundance of material has enabled the professors in the various departments to render the clinical instruction most thorough and comprehensive; the library has been increased; the museum enlarged by the addition of many specimens and preparations; the most approved system of steam heating and ventilating introduced throughout the entire building; the amphitheatre has been remodeled and furnished with easy chairs, and every thing has been done to make the student's life here as attractive and comfortable as possible. We invite you to examine for yourselves and see how well equipped, in every respect, your alma mater is to furnish a thorough medical education, and we shall be thankful for any suggestions that you may make that will tend to still further improve our educational work.

To the members of the graduating class of 1888 I would say: You have heard the language of my address to the alumni of this college, in behalf of the faculty. A little reflection will show you that to you, so soon to become members of the alumni, it is also addressed.

You are now about to enter the world and professional life, and I can offer you no better examples than those who have gone before you and who now come, as it were, to extend a helping hand and a welcome to you as you join them and enter upon the serious business of life. Let

me urge upon you to consider, as you go out into the world, that life *is* serious. Possibly, as its cares and responsibilities grow upon you and begin to weigh heavily, you will look back to the days you have passed with us as not only your happiest, but as the freest from burden, from trouble and from tribulation. I know very well that this may not appear so to you now. You have passed through a period of your life which has put a strain upon your youthful and professional untried powers that, you must necessarily feel, and so, in a sense, it may seem to you that you are being released from thralldom, that you are shaking off burdens instead of taking them on. Ah, well! I only wish it were so. I only hope that to the most of you it may hereafter appear so.

There is one point to which I would like to refer with regard to technical education in special colleges, concerning whose application you may any or all of you hereafter have opportunity to be of service, both to colleges and students. That point is as to the nature and amount of study or instruction which a young man should have who enters the class of institution to which I refer.

In a general way it may be observed that students in special colleges should be thoroughly well grounded in a rudimentary education. No one is prepared to enter such a college who has not been through the higher English schools, and it is imposing too much upon the student to require from him after entering a special college the acquiring of that kind of knowledge, which should have been obtained from the proper teachers long before.

I take occasion to speak of this before you, for the reason that in your experience hereafter your views will frequently be asked concerning the entering of students in this and other colleges of a special nature, and I would only suggest to you that it is but fair and reasonable that you should give such advice to parents and students concerning the point to which I have alluded.

In conclusion, I will only say that I have been deeply gratified in being permitted the opportunity to act as the spokesman of my fellow members of the faculty, and in making the few remarks to you which I have, I have desired to express as simply as possible our unceasing interest in your welfare, whether as students, as graduates or as members of the alumni of the Albany Medical College.

The report of Recording Secretary Willis G. Tucker ('70) was received, and

contained an account of the meetings of the executive committee held April 23, 1887, and January 14, 1888.

The report of Treasurer T. W. Nellis ('81) showed the amount of receipts as \$110; disbursements, \$37; unpaid bills, \$73. The report was referred to Drs. D. H. Cook ('73), W. O. Stillman ('78) and T. H. Willard ('87) as an auditing committee.

President Helmer's address to graduates came next in order, and was received with much approbation. It contained references to his own college life and comparisons of past and present courses and facilities of instruction; his remarks on the peculiarities of his teachers of long ago created considerable amusement.

The formal reception into membership of the class of '88 followed.

The association then extended a vote of thanks, on motion by Dr. Stillman, to President Helmer and Prof. Merrill for their respective addresses.

Of the class histories but one was read, that of Dr. T. L. St. John, of '78, Centre Brunswick, N. Y. Those of '48, by T. S. Dawes, of Saugerties, N. Y.; '58, by Dr. H. M. Cronkhite, U. S. A., of Fort Hays, Hays City, Kansas, and '68, by Dr. M. B. Fairchild, of Syracuse, N. Y., were thought to be delayed in the mails by the recent severe storm.

Dr. St. John ('78), in giving his class histories, said that his class numbered thirty, and that all except one had sent biographical sketches of their life since graduation. After the reading of these records, a hearty vote of thanks was tendered to Dr. St. John.

At the election of officers for the ensuing year the following were elected by the casting of one ballot: President, Dr. Wm. H. Bailey ('53), Albany; vice-presidents, Drs. Jonathan Nichols ('48), Atlantic, Cass county, Iowa; Ianthus G. Johnson ('53), Greenfield Centre, Saratoga county, N. Y.;

A. P. Jackson ('62), Oakfield, Genesee county, N. Y.; Alex. Nellis, Jr. ('72), Willard, Seneca county, N. Y.; H. C. Finch ('82), Broadalbin, Fulton county, N. Y.; recording secretary, Dr. Willis G. Tucker ('70), Albany; corresponding secretary, Dr. Charles M. Culver ('81), Albany; treasurer, Dr. Theodore W. Nellis ('81), Albany; historian, Dr. Ezra A. Bartlett ('79), Albany; executive committee (four members to serve for a term of three years), Drs. D. H. Cook ('73), Albany; W. O. Stillman ('78), Albany; W. J. Nellis ('79), Albany; John L. Schoolcraft ('79), Schenectady.

Following came the report from the auditing committee containing the statement that the treasurer's accounts were correct and recommending their payment. Adopted.

A number of letters and obituary notices were read by Dr. E. A. Bartlett, the general historian, in the absence of the corresponding secretary, Dr. C. M. Culver, after which the new president was introduced, who cordially extended thanks to the association. This brought the business session to a close, and an adjournment was ordered.

#### COMMENCEMENT EXERCISES.

The fifty-sixth annual commencement exercises of the college were held at the Leland Opera House at three o'clock. The auditorium was filled with a large audience of friends, relatives and well-wishers, the majority being of the fair sex. On the stage were seated President Amasa J. Parker, Hon. Matthew Hale, Rev. J. McC. Holmes, D.D., the faculty and many prominent medical gentlemen and others who are particularly interested in the institution.

The exercises were begun by an overture, "College" (Moses), by Prof. Holding and orchestra. At the request of the president, the Rev. Dr. Holmes offered prayer, after which came a cavatina by

the orchestra from the opera of "Traviata" (Verdi). In response to the introduction by the president, Mr. Michael Keenan, Jr., stepped upon the stage and read an essay entitled "The Physician of To-day." It was a well considered effort, and was listened to attentively. It spoke of the fact that the physician of to-day stood on ground not dreamed of by his predecessors, and that the science of medicine had advanced from a period of experiments to one of absolute certainty as to means and results. Further, that the physician of to-day was better equipped for his duties, but that the results of the present were only arrived at after zealous and earnest work. The essay also treated the matter of self-sacrifice on the part of the doctor, and that he should recognize the duty of preventing disease as well as of subduing it.

After the fantasie "Diana de Poitiers" (Marie) was rendered by the orchestra, the report of the board of curators was read by S. H. Freeman, M.D., expressing the pleasure of that body in commending the candidates for their degrees, and also of the gratifying evidences of faithful instruction and responsive application. Of the theses submitted the committee found that the most meritorious was that on "Infantile Paralysis," by Robert F. Macfarlane, and that next in merit were "Post-partum Hemorrhage," by Alfred F. Hodgman, and "Hypermetropia," by John J. Evans.

The degrees were then conferred on the following named graduates by President Amasa J. Parker:

Robert Matthews Andrews, Guilderland, N. Y.; John Archibold, Cohoes, N. Y.; Fred Morgan Barney, Dolgeville, N. Y.; David James Barry, Lee, Mass.; Rudolph Bestle, Troy, N. Y.; Fred Carr, Wilton, N. Y.; Charles Francis Clowe, Schenectady, N. Y.; James Cronin, Seneca Falls, N. Y.; Chas. Burdick Cunningham, War-



rensburgh, N. Y.; Zopher Finch Dunning, Bloomingburgh, N. Y.; John Joseph Evans, A.B., Ithaca, N. Y.; Willard Henry Fox, Minaville, N. Y.; Alfred Frederick Hodgman, Fort Edward, N. Y.; William Hutchinson, A.B., Thorndike, Mass.; Michael Keenan, Jr., Dannemora, N. Y.; Frank Herbert Lee, Sheffield, Mass.; George Gustave Lempe, Lansingburgh, N. Y.; Ellis Lengfeld, West Chazy, N. Y.; Emerson Augustus Ludden, Brookfield, Mass.; Robert Forgie Macfarlane, Albany, N. Y.; John Miller McClellan, Laurens, N. Y.; John Sampson Newcomb, Albany, N. Y.; William Thomas Peet, Albany, N. Y.; Everett Eli Potter, Pownal, Vt.; John Scott Boyd Pratt, Albany, N. Y.; John Wesley Quinlan, West Troy, N. Y.; George Palmer Rider, Parish, N. Y.; Charles Darius Rogers, Round Lake, N. Y.; Edward Fitzgerald Sheehan, Victory Mills, N. Y.; Dennis Miller Smith, Cambridge, N. Y.; Frank Townsend Stannard, Troy, N. Y.; Myron Ebenezer Stephens, Frankfort, N. Y.; John Joseph Timlin, Minooka, Pa.; Albert Lake Tuttle, Alford, Mass.; Edwin Brand Wells, Nicholville, N. Y.; Frank Augustus Winship, Eagle Mills, N. Y.; Adelbert Warner Witter, Berne, N. Y.

It was announced that Mr. G. Emory Lochner had satisfactorily passed the final examinations, and had complied with all the requirements of the college, but having not yet reached his twenty-first birthday, his diploma will not be awarded until the next commencement.

After music, "La Rêve" (Goltermann), the Hon. Matthew Hale, of Albany, was introduced, who delivered the following address to the graduating class:

*Young Gentlemen:*

When invited to address the graduating class of the Medical College, my first and perhaps wise impulse was to decline. What propriety is there in a lawyer's talking to medical students about their duties and prospects? It seemed to me that any advice or instruction to be given would come

with more propriety and better grace from one of your own profession who, by long experience and study, had acquired wisdom which might be imparted to these young men about to enter on their profession. But my first impulse was overruled, and I was led, perhaps unwisely, to withdraw my declension, and to accept the invitation which had been so courteously extended to and pressed upon me. I was persuaded to promise to talk to you, young doctors, in regard to a profession as to which I can claim no special knowledge. The suggestions that I make to you, therefore, are only such as can come from an outsider—one whose knowledge of medical practice comes from having occasionally, though fortunately rarely, been *practiced upon* by members of your profession. The doctor, like the lawyer, practices his profession in the sight of the public. Both professions are subject to the criticism of those who are not members of it, and possibly, in some cases, suggestions coming from one not a member of the profession to which those who are addressed belong, may be of some value.

#### MEDICAL ETHICS.

In regard to medical ethics generally, I shall not undertake to speak. It may be said, however, as a general rule, that the rules of ethics which should govern the members of a profession, are the same as those which should control other men. The rules of morality, of honesty, of fairdealing, of devotion to one's business, of good conduct in the community, of faithfulness in the performance of all duties, are applicable to all professions and all occupations alike. Neither the lawyer nor the doctor are justified in acts or omissions which, on the part of other men, would be properly denounced as dishonest, as unfair or misleading.

#### MEDICAL JURISPRUDENCE.

The members of the legal and medical professions, as such, come in contact, oftener than elsewhere, in the court-room. There they meet upon the broad field of medical jurisprudence. Some knowledge of both professions is necessary to those who enter upon this field. It is highly probable that you, in the course of your professional life, may often be called upon to enter this field, and I will venture, therefore, to give to you a few practical suggestions as to the proper conduct of a physician who is called as an expert to give testimony in court upon subjects with which those learned and experienced in medicine are supposed to be familiar. The subjects as to which a physician is called upon to testify are many.

The question is often raised whether a will or other instrument executed by some person was the act of a person of sound mind and free from undue influence. It is alleged on the one side, perhaps, that the testator was of sound and disposing memory, and that his will should therefore be recognized and established. Upon the other side it is claimed that the testator was insane, or that he was of such feeble intellect as to be easily subject to undue influence, and that the instrument propounded as his will is not such in fact, but is the will of some other person, which the testator, owing to his mental incapacity or unsoundness, and his liability to undue influence, has been prevailed upon to sign and acknowledge in the form provided by law. In such cases, very frequently medical men are called upon to give their opinions. Such opinions may be called for from those who have professionally attended the testator—who knew him in his lifetime. They are often asked for from those who had no actual knowledge of the person, but who are requested to answer certain hypothetical questions, and to state whether such and such acts and conduct on the part of the testator indicated mental unsoundness.

#### SUITS FOR DAMAGES.

Another class of cases in which medical witnesses are frequently called is where suits are brought to recover for damages alleged to have been sustained by negligence. Plaintiff has been hurt on a railroad or somewhere else, and it is claimed that the defendant is liable for the injury. The question often arises as to how great the injury is. In many cases there is not much room for difference of opinion on that point. Where a leg or an arm has been lost or an eye put out, there cannot be much conflict among doctors as to the seriousness of the injury. But it often happens that the plaintiff in such cases complains of internal injuries. He may outwardly, to all appearances, be as well as ever; but he claims (or his lawyers claim for him) that he has sustained a shock; that his brain has been injured; that his nerves have been disturbed; that his spinal column has been affected, and that, although to all appearances sound, he is in fact a physical and mental wreck. Here the medical expert has a fine field. The plaintiff calls him to prove the seriousness of the injury, and that the apparent health of the plaintiff is deceptive. The defendant, on the other hand, frequently calls medical experts to demonstrate, generally to their own satisfaction, and sometimes to the satisfaction of the court and jury, that the case is, to some

extent, a sham; that the plaintiff falsifies or exaggerates his symptoms, and that the results which the plaintiff testifies have come from the injury could not have come from the cause alleged.

#### SUITS FOR MALPRACTICE.

Again, doctors are not infrequently called to testify for or against each other in cases where a physician is a defendant, charged with malpractice of some kind. In this class of cases, opinions for and against are very freely, and often very positively, given; and in this class of cases, it is very important for the court and jury to ascertain whether the alleged malpractice is really the result of ignorance, carelessness or unskillfulness, or whether the unfortunate result was one that medical skill, reasonably and prudently exercised, could not have prevented.

#### CRIMINAL CASES.

Then there are cases of alleged murder or attempt at murder by poisoning, and many other cases, in which the medical expert is called as a witness, and is required to give his opinion upon some question of medical science.

#### THE MEDICAL WITNESS.

The doctor as a witness, however, is not always a success. The most eminent doctor does not always make the best witness. Men distinguished for their learning and success in their profession do not always succeed in impressing their views upon a court and jury. The reasons for this are various. Perhaps the reason that might occur to a lawyer would not be admitted by the physician to be sound, and various reasons might be given in special cases for the failure of an eminent medical expert to impress the court and jury with the soundness of his opinions and views.

My observation has been, however, that where the medical witness is honest, not only in his intention, but in his investigation—where he has thoroughly examined the subject and formed an opinion based, not upon prejudice or upon a desire to please or to help the party or the lawyer who may employ him, but upon an unbiased investigation of facts, his testimony is considered and given the weight to which it is entitled.

There are a few requisites which seem to me indispensable in order to enable a physician to testify satisfactorily, and thus properly to influence the decision of a cause which depends, to some extent, upon medical opinion.

1st. The physician should be absolutely fair. When I first came to Albany many years ago, it used to be said among lawyers that if certain

prominent doctors testified in favor of a plaintiff, there were certain other prominent doctors who could always be relied upon to give their testimony in favor of the defendant. In other words it was currently believed that the hostility of these physicians to each other was so great that they would never agree upon any subject unless by accident. If Doctor A. advanced a certain theory in regard to the cause of an injury or in regard to sanity or mental unsoundness, it was regarded as perfectly certain that Dr. Z. would take delight in demonstrating to the court that Dr. A. did not know what he was talking about, and *vice versa*. Perhaps this current belief did injustice to the distinguished physicians referred to, but there is no question that this theory was entertained, and, to a certain extent, acted upon by lawyers in this community. But this was many years ago. It is not supposed that any such prejudices or animosities now exist. If there is, however, any such supposition, or if physicians by their conduct furnish ground for such a belief, it is hardly necessary to say that it impairs very much the weight to be given to their opinions by courts and juries. A doctor should not allow himself to be *retained* in a case as a lawyer is, to support one side or the other. His aim should always be, by thorough investigation and by the application of the rules and principles of his profession to the facts which are brought before him, to form an opinion entirely irrespective of his wish to serve one party or the other. When he does this, and when he has acquired the habit and reputation of doing this, his opinion thus given in any case calling for medical testimony will always be regarded as of great weight.

The medical witness should not only be fair, but he should be thorough. He should refuse to express an opinion without a thorough acquaintance with the facts. If his opinion is asked hypothetically, he should insist that the hypothesis upon which his opinion is requested should be clearly, definitely and precisely given. If a hypothetical question is so vaguely and indefinitely framed that he cannot give an intelligent opinion based upon the hypothesis, it is his privilege to say so, and to require a precise and definite statement of facts before he gives an opinion. The medical witness should not, however, be captious. He should accept the language of his questioner, who is not supposed to be a medical expert, in its ordinary and common acceptation, and should in all cases answer the question to the best of his ability and belief, provided always that the facts given him, or the hypothesis stated,

is sufficiently definite and sufficiently full to enable him to base an opinion thereon.

It is hardly necessary for me to suggest that a medical witness should be reasonably modest. I have often known physicians to fail and their testimony to be disregarded because they virtually claimed to know every thing relating to the subject, and asserted themselves to be practically infallible. All intelligent men know that doctors, like other people, are not infallible; that they sometimes make mistakes; and it never helps the position of a medical witness to assume or profess to be wiser than other men of his own profession and of equal standing.

At the same time, the medical witness, while becomingly modest, should be reasonably certain. Not claiming infallibility, still, if he has thoroughly examined the question; if he is perfectly acquainted with the facts, and his experience and his reading leave him without doubt as to the result, it is his duty so to state. In a case of importance, and where the medical questions involved are important to the decision of the case, the medical witness will often find that the lawyer has informed himself, as fully as one not a physician could, upon the special subject which is under discussion. The lawyer will have examined the medical authorities upon the subject, if he has made proper preparation for the trial of the case, and therefore he may be fresher in his reading on the particular subject involved than is the physician, although the lawyer may possess none of that practical knowledge which comes from experience and from the practice of the profession. It is, therefore, particularly necessary in such cases that the medical witness should not rely entirely upon his general knowledge, and upon his experience and observation, but that he should make a special examination with reference to the questions involved. How extensive such examination should be, it is, of course, for the medical witness to decide.

These suggestions are hastily thrown out for your consideration, as young men about to enter upon a profession where you may frequently be called upon to act in the capacity of a medical expert. Every lawyer, who has had cases of the kind suggested, knows how great a difference there is between a good and a poor medical witness. Many physicians are so clear, so simple and intelligent in their explanations to the court and jury, so candid and fair in their appearance upon the witness stand, so evidently masters of the subject as to which they are testifying, and at the same time so modest and unpretending in their demeanor, as almost invariably to carry



conviction and to lead the court and jury to adopt their views upon the question as to which they testify. Others are so evidently partisan, give so much evidence of prejudice and feeling, or are so indefinite, so uncertain in their conclusions, so vague in their explanations, that they have very little weight. Some medical witnesses have a very important faculty which others have not—of using ordinary language to describe with sufficient precision and clearness what others, by confining themselves to medical terms with which the layman is not familiar, fail to make the court and jury understand.

In conclusion upon this subject, I say to you that the young physician who carefully and conscientiously examines the subject, forms his opinions without reference to the wishes of others, expresses himself clearly, modestly and firmly, need not fear to present himself in court to be examined by lawyers, judges and jurors. It is often his duty to do this in the interest of justice, and it is important that such duty, like every other, should be performed faithfully, conscientiously and well.

#### QUACKERY AND BIGOTRY.

Passing from this subject, I propose to say a few words as to the general duties of a physician as they appear to a layman. You have been taught by distinguished men in your profession who belong, as I understand, to what is called the regular school of medicine. You are taught, as I understand, above all things, to avoid quackery. As one outside of the profession, while I would entirely agree that quackery was to be avoided, I would also suggest that there is some danger of running to the other extreme, namely, to bigoted conservatism. I take it that in medicine, as in every other profession and walk in life, there are constantly, or at least frequently, discoveries and reforms. I might call your attention to great discoveries and great advancements that have been made from time to time in medical science. It is over two centuries since Harvey made his great discovery as to the circulation of the blood. It is nearly a century since Jenner made the great discovery of the advantages of vaccination. Great advances have been made during the present century. The use of anæsthetics, at least of those kinds which are now most frequently and most successfully employed for the alleviation of pain, has originated mostly within the last fifty years. I might refer to the germ theory of disease; to the discoveries by Koch and Pasteur; but I fear if I venture far upon this course I shall get into deep water, and

shall require the services of one of your profession in order safely to get out. But, as I understand, all these discoverers, these reformers, if I may use the word, in the medical profession, have met with more or less opposition in their own profession. The world moves slowly, and changes in any profession or business are generally objected to, or opposed, by a large portion of those engaged therein. This opposition results partly from constitutional conservatism and opposition to change, and partly from indolence and unwillingness to investigate. It is for you to avoid bigotry on the one extreme and quackery on the other. It is not necessary for me to define these extremes. Quackery always has existed, exists now, and probably always will exist. Goldsmith, in one of his letters purporting to be written by a Chinese philosopher, gave a description of quackery as it then (in 1765) existed in England, which is perhaps not altogether inapplicable to the present time and to this country. He says:

"Whatever may be the merits of the English in other sciences, they seem peculiarly excellent in the art of healing. There is scarcely a disorder incident to humanity against which they are not possessed with a most infallible antidote. The professors of other arts confess the inevitable intricacy of things, talk with doubt, and decide with hesitation; but doubting is entirely unknown in medicine; the advertising professors here delight in cases of difficulty; be the disorder never so desperate or radical, you will find numbers in every street who, by leveling a pill at the part affected, promise a certain cure, without loss of time, knowledge of a bedfellow, or hindrance of business.

"When I consider the assiduity of this profession, their benevolence amazes me. They act only in general, give their medicines for half value, but use the most persuasive remonstrances to induce the sick to come and be cured. Sure, there must be something strangely obstinate in an English patient who refuses so much health upon such easy terms. Does he take a pride in being bloated with dropsy? Does he find pleasure in the alternations of an intermittent fever, or feel as much satisfaction in nursing up his gout as he found pleasure in acquiring it? He must; otherwise he would never reject such repeated assurances of instant relief. What can be more convincing than the manner in which the sick are invited to be well? The doctor first begs the most earnest attention of the public to what he is going to propose; he solemnly affirms the pill was never found to want success; he produces a list of those who have been rescued from the grave by taking it. Yet, notwithstanding, there are many here who now and then think proper to be sick. Only sick, did I say? There are some who even think proper to die! Yes, by the head of Confucius! they die, though they might have purchased the health-restoring specific for half a crown at every corner."

\* \* \* \* \*

"Few physicians here go through the ordinary courses of education, but receive all their knowledge of medicine by immediate inspiration from heaven. Some are thus inspired even in the womb, and, what is very remarkable, understand their professions as well at three years old as at three-score. Others have spent a great part of their lives unconscious of any latent excellence, till a bankruptcy, or a residence in jail, have called their miraculous powers into exertion. And others still there are indebted to their superlative ignorance alone for success; the more ignorant the practitioner, the less capable is he thought of deceiving. The people here judge as they do in the East, where it is thought absolutely requisite that a man should be an idiot before he pretended to be either a conjurer or a doctor.

"When a physician by inspiration is sent for, he never perplexes the patient by previous examination; he asks very few questions, and these only for form's sake. He knows every disorder by intuition; he administers the pill or drop for every distemper; nor is more inquisitive than the farrier while he drenches a horse. If the patient lives, then has he one more to add to the surviving list; if he dies, then it may be justly said of the patient's disorder, that 'as it was not cured, the disorder was incurable.'"

Quacks have always been a favorite subject of the novelist and the essayist, and sometimes the medical profession generally, like the legal, is caricatured and satirized by the writers of plays and novels. The description given in "Gil Blas" of Dr. Sangrado may be referred to while upon this topic. His treatment consisted entirely in administering water and in letting blood. He says to his pupil:

"Other physicians make this [medical education] consist in the knowledge of a thousand difficult sciences; but I intend to go a shorter way to work, and spare thee the trouble of studying pharmacy, anatomy, botany, and physic. Know, my friend, all that is required is to bleed the patients, and make them drink warm water. This is the secret of curing all the distempers incident to man. Yes, that wonderful secret which I reveal to thee, and which nature, impenetrable to my brethren, hath not been able to hide from my researches, is contained in these two points, of plentiful bleeding and frequent draughts of water. I have nothing more to impart; thou knowest physic to the very bottom, and reaping the fruit of my long experience, art become in a twinkling as skillful as I am."

Dr. Sangrado was by no means daunted by the fact that a great portion of his patients died. This he considered as entirely their own fault. If they died under his treatment, he consoled himself with the reflection that no treatment could have saved them.

Quacks like those described by Goldsmith will always have their followers. There are plenty

of men and women who seem to love to be humbugged. Great stories of wonderful cures attract them, and no doubt often, where their disorders are to a great extent imaginary, their faith in the methods of the quacks, and belief in the efficacy of their remedies, lead them to imagine, and in many cases necessarily to believe, that they have been really cured.

Upon the other hand, it sometimes seems to the layman that lives are occasionally sacrificed to regularity and conservatism. The sick, as a rule, care very little by what name their physicians are called; whether they belong to this school or that school, is a matter to them of very little importance. They are ill and they want to be well. When they have recovered, they feel very much like the blind man whose sight had been restored: "Whether he is a sinner or not, I know not; one thing I know, whereas I was blind, now I see." That physician is likely to be successful, as it seems to an outsider, whose greatest aim is to *cure*, and who adopts all methods and all instruments, means and appliances which are rational, and which observation and experience have shown are likely to produce this result. If any new system is suggested, if any physician claims to have made a discovery in the healing art, such claim ought not in all cases to be rejected simply because it is new. It may be so absurd upon its face as not to justify any investigation; but where there is any plausible ground for believing that an alleged discovery or improvement may be well founded, and may tend to alleviate or cure disease, that other maxim of the New Testament seems to apply: "Prove all things; hold fast that which is good." In other words, avoid bigotry and avoid quackery. A distinguished New York physician has well said: "My platform in practice is any thing in earth, air or water that will cure my patients."

#### MEDICAL PROFESSION A JEALOUS MISTRESS.

It is often said of the profession of the law that it is a jealous mistress and requires undivided devotion. It seems to me that the same may be said of the medical profession. No one should enter it unless he feels that he has some taste for it and some qualities which will enable him to excel in it. But if he does enter it, he should feel that his life's work is to be spent in it and to be devoted to it. Wherever he may be, whether in the city or the country, he can have no difficulty, in this stage of the world, in keeping up with his profession, in knowing what is done, what improvements and discoveries are making in all parts of the world.



#### WARNING AGAINST RESORTING TO SPECULATION OR POLITICS.

Above all things, the professional man should not be led into an abandonment of his legitimate professional work either for speculation or for politics. The physician who hangs about brokers' offices, puts his money up on "margins," watches the stock market, and disturbs his mind with the consideration of "puts" and "calls," is not at all likely to succeed in his profession. The man who leaves the practice of his profession to seek office, to run conventions and primaries, who uses his profession as a means of advancing his own supposed political interest, is sure to be a failure both as a doctor and as a politician. The two occupations do not go well together. You should, therefore, before entering upon the practice of the profession which you have studied, first consider well whether you are qualified for the practice—whether your tastes and abilities are such as to promise you success. The profession which you have chosen is in some respects the most beneficent of all occupations. The physician and surgeon are in constant request. As long as diseases abound and accidents occur, so long will the physician and surgeon be necessary for the amelioration of human suffering. He who devotes himself to this work should do so unreservedly. I do not mean that he should practice this profession, any more than one should practice any other, without reference to his own good and the advancement of his own interests. The physician, like the lawyer, and like persons in every other department of human life, must look out for himself, for his own advancement and for his own profit, within reasonable limits. But in the case of the physician, perhaps more than any other profession, one's own success depends upon the good he does to others. When you serve your patients, you serve yourselves. Success in alleviating suffering and curing disease means to you success in acquiring a reputation and acquiring a competency in your profession. But when you leave your profession or neglect it to devote yourselves to speculation or politics, the probability is that you will fail in all these various undertakings.

#### DUTIES OF PHYSICIANS AS CITIZENS.

I do not mean by what I have said that the physician and surgeon ought not to take an interest in politics. Every physician in this country is also a citizen, and it is the duty of every citizen, whatever may be his profession, to remember that he is a citizen, and as a citizen, is, in this country, a sovereign. It is his duty to acquaint himself with the constitution of his country; to keep familiar, so far as he can, with the great public questions that are coming up from time to time. He is to remember that the body politic, like the natural body, is subject to disease. In respect to the diseases of the body politic, every citizen is, or should be, a physician; that is, he should diagnose; he should satisfy himself what the diseases are, and then he should seek to determine what is the proper remedy to apply, and in his capacity as a citizen and voter should seek to apply it. In these days the disease which affects the body politic, perhaps most seriously, and is most threatening to its existence,

is corruption. Our country is a prosperous and mighty one, but it has its dangers and its perils. The great evil which now threatens it results from the prevalence of corruption. Elections are carried, not by argument, but by money. Parties are organized with their national committees and their state committees, for the purpose of collecting and disbursing funds, the great object of this collection and disbursement being the purchase of a sufficient number of votes to carry the election in doubtful states or counties. How can this state of things be remedied? No intelligent man questions its existence. Various remedies have been suggested. Wise men in this state, some few years ago, thought they would remedy it by imposing an oath upon office holders. An amendment was therefore adopted to the state constitution, by which every executive and judicial officer and every member of the legislature was required to take an oath, and to swear that he had not directly or indirectly paid, offered or promised to contribute any money or other valuable thing as a consideration or reward for the giving or withholding of a vote at the election at which he was elected to said office, and had not made any promise to influence the giving or withholding any such vote. It was supposed that the requirement of this oath from officials would entirely put a stop to the bribery at elections, because, reasoned these wise men, this oath is so sweeping, and covers the direct or indirect payment of money to influence the vote, and therefore no person will be guilty of such use of money, for the reason that he will not be able to take the constitutional oath. These wise physicians, however, did not correctly diagnose the capacity of a New York statesman. This provision has been a part of the constitution for fourteen years, and no person elected to office has, so far as I have ever been able to learn, ever flinched at taking this cast-iron oath. Nobody has any suspicion that bribery has ceased or diminished. On the other hand, the general conviction is that it has increased. The general and well-founded belief is that the immense funds raised by each party at every important election are used mainly for the purpose of bribery. The effect of the requirement of the oath has, therefore, been, not the diminution of bribery, but the vast increase of perjury. It has made perjury as near universal as bribery. This remedy is therefore a failure. It is not exactly a quack remedy, because it was devised by wise men—regulars in statesmanship; but it is worse than a failure, because it has not only failed to cure the disease for which it was prescribed, but it has caused to break out another disease almost equally dangerous.

This disease cannot be cured by mere adherence to any party. On the other hand, the parties, as has already been shown, are organized, and their organizations kept up for the purpose, to a great extent, of keeping up and continuing this system of bribery. The disease is not to be remedied by severe penal statutes against it. The statute book contains plenty of enactments with severe penalties against the practice of bribery at elections and elsewhere. This is neither the time nor the place to discuss in detail what are the proper remedies for this appalling and threatening disease. This is a problem which may well



puzzle the wisest of state physicians; but, in general terms, it may be said that no effective remedy can be devised without an improved and healthier public sentiment upon the question. As long as citizens continue slavishly to adhere to party and to support party candidates without reference to the means by which nominations are obtained, without reference to the character of the candidates, and to aid in placing in high positions men who are guilty of this offence and of fostering and promoting it, the disease will continue, and will increase in severity and become more universally diffused. There is, perhaps, no class of citizens whose influence upon public questions is more extensively and more generally felt than is that of the medical profession. You should give your best thoughts and use all the influence you possess in promoting a public sentiment which is inconsistent with the continuance and prevalence of this great evil, and also in devising and applying practical and efficient remedies to this national and state disease.

#### CONCLUSION.

In conclusion, young gentlemen, you are entering upon the profession which you have chosen as the nineteenth century is drawing to a close. You will have been but twelve years in the practice of your profession at the beginning of the twentieth century. Your labors, successes or reverses will be mainly in the twentieth century. The nineteenth century has been marked by great advances in the medical profession. All sciences and arts are in the progress of development and improvement. Some of the greatest discoveries in science have been made in the nineteenth century. What will be developed in the next, we cannot foretell. You, in the profession which you have chosen, will have great opportunities to impress yourselves upon the history of this country and the world in the twentieth century. By devoting yourselves assiduously to your profession, and by remembering while practicing it that you are citizens of a great republic and that your influence is to be exercised not only as physicians and surgeons, but as citizens, you may be able to advance the interests and prosperity of your country.

That you may be successful in all your professional and patriotic endeavors and aspirations is the wish and desire not only of the members of your own profession to whom you have looked for instruction and education, but of all your fellow citizens.

The orchestra rendered the polka, "Vienna to Berlin" (Eilenberg), and Robert F. Macfarlane delivered the valedictory. His address was opened with Shakespeare's "All the world's a stage," with a fitting application to the circumstances by which the young men graduates were surrounded. A deserving compliment was paid to the faithful and competent teachers, and to the president. Mention was also made of the various duties

of the college course, the struggles side by side in the pursuit of the prize, the hours of relaxation, and last, but not least, the time for parting. The address was excellent in every particular, and was delivered with grace and effect.

Following the "Polish National Dance" (Scharwenka) by the orchestra, the report of the committee on prizes and appointments was read by Prof. F. C. Curtis. For the best report of the surgical clinics the award was made to Albert L. Tuttle; for the next in merit, to James E. Brennan. The prizes were two sets of instruments; the first given by Dr. Vander Veer, and the second by Drs. Hailes and Morrow. For the prize offered by Prof. Merrill, a set of instruments, for the best report on the eye and ear clinics, Myron E. Stephens was the successful competitor. Another prize of a case of instruments offered by Dr. T. W. Nellis, for the best examination papers among the senior students, was won by William Hutchinson.

The announcements of the hospital appointments were received with enthusiasm. They are Dr. Myron E. Stephens (service to begin April 1) and Dr. G. Emory Lochner (service to begin October 1) to the Albany Hospital, and Drs. Z. F. Dunning, Michael Keenan, Jr., and George P. Rider to St. Peter's Hospital.

President Parker announced that at a meeting of the trustees held at noon, Dr. Leroy McLane, of Troy, had been appointed a curator.

After a benediction by the Rev. Dr. Holmes, the audience departed to the strains of the waltz "Militaire" (Waldteufel).

A large composition group of the graduates and faculty, made by Sterry, the photographer, and presented by the students, will be hung in Alumni Hall. It is five feet square and valued at a hundred dollars.

The following are the class officers: Charles D. Rogers, president; Adelbert

W. Witter, vice-president; John J. Timlin, secretary; George G. Lempe, treasurer; Robert F. Macfarlane, valedictorian; Michael Keenan, Jr., essayist; Alfred F. Hodgman, orator; G. Emory Lochner, historian; William T. Peet, prophet; Edward F. Sheehan, marshal; executive committee, John Archibold, chairman, Robert M. Andrews, David J. Barry, John J. Evans; ushers, Horatio S. Ansley, Burton S. Booth, Charles H. Callender, Charles E. Greenman, James H. Lyons.

#### THE ALUMNI BANQUET.

The fifteenth annual dinner of the Association of the Alumni, which terminated the programme of Alumni Day, occurred in the evening at the Delavan. Shortly after nine o'clock the members of the association and several invited guests wended their way to the large dining-room, which was nearly filled by the large assemblage. Divine blessing was asked by Rev. H. M. King, of Emmanuel Baptist Church. After the tempting array of edibles had been thoroughly dissected, the assemblage was called to order by retiring President Helmer, who introduced Dr. Herman Bendell as master of the after-dinner ceremonies. After a song, "Greeting to the Alumni," Dr. Bendell called upon Dr. William H. Bailey, the newly elected president, to respond to the toast, "The Alumni Association." This the genial doctor did in a pleasant vein.

In response to the toast of the clergy, Rev. Dr. J. McC. Holmes said that when he received the invitation to attend the banquet he felt much as the Irishman did who, when someone asked him to have a glass of whisky, stood as if entranced a moment, and then burst out, "Shure, I thought it was an angel spoke to me." It was always a puzzle why ministers should be represented at a gathering of doctors. He noticed that the proportion of each was about the same as that of chicken and veal in a pie made by a man who had

been told to use the two ingredients half and half, and did so—half of a veal and half of a chicken. But the speaker did not wish to insinuate that the doctors were veal nor that he was a chicken. In spite of the seeming differences between the two professions, the medical and clerical, he thought that they had much in common, and spoke of their kinship and similarity of aim. Both had much of unselfishness and disinterestedness. Both worked with enthusiasm and purpose, and ought to go together hand in hand in their ministrations for the bodies and souls of men.

"The faculty of the Albany Medical College" was responded to by Dr. Bigelow, who reviewed the history of the year and spoke at length on the subject of tuition and the extra advantages that were yearly being added to the curriculum.

The Glee Club of the class of '88 then responded to a call for their services by singing the Triangle Song, to the air of "Marching through Georgia."

Dr. Bigelow having just remarked in his response that it had been said that every editor of a newspaper paid tribute to the devil, the toast-master called upon Editor John A. Sleicher, of the *Albany Journal*, to respond, in behalf of his Satanic majesty, "The Press."

The response to the toast, "The Law" was given by Hon. Amasa J. Parker, Jr.

Dr. Vander Veer then, acting as toast-master *pro tem*, called upon Toast-master Bendell to respond for the "Ex-Presidents of the Association."

"The Legislature" brought a response from Dr. William H. Hailes, who excited the risibles of his auditors with some of his droll anecdotes.

Prof. Perkins, of Union College, was next called upon, and the list was concluded by the toast to the "Class of '88," responded to by the class orator, Alfred F. Hodgman. After singing in chorus the "Parting Ode," the guests departed.

# ALBANY MEDICAL ANNALS.

VOL. IX.

MAY, 1888.

No. 5.

## CLINICAL REPORTS.

### I.

#### TWO CASES OF TUMOR OF THE CEREBELLUM.

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[*For Albany Medical Annals.*]

CASE I.—January 2, 1886. F. P., æt. 48. Male. Married. Piano varnisher. Just before coming to this country, fourteen years ago, he served in the Franco-Prussian war, and previously in the Austrian war, and it is to the hardships suffered in these wars that he attributes his sickness. Since coming to this country he has never been well. At first he was troubled with hemorrhoids, for which he has undergone surgical operations on three different occasions; the first about ten, the last about seven, years ago, and since the last operation he has not been troubled by them at all. Ten or eleven years ago he acted strangely for a couple of weeks and imagined that people were conspiring against him. For a number of years past he has had occasional attacks of severe headache, vertigo, loss of memory, distress after eating and constipation. His head always feels worse when he is constipated. He has always been accustomed to take long walks, and he walks perfectly erect and straight. He has worked up to the present time, but he has been taking medicine steadily for the past fourteen years, and gives the

impression of being hypochondriacal. He is a large, strong man. There is no paralysis of motion nor sensation and no trace of ataxia. Eyes were not examined ophthalmoscopically. Urine contains neither albumen nor sugar. Thoracic and abdominal examination gives negative results.

February 13. He grew steadily and rapidly worse. He was greatly troubled by vomiting, vertigo, and headache which he was unable to localize. He ate very little. His memory was almost completely lost, and at times he was delirious. He was not confined to his bed until the last week of his life, and up to that time he walked steadily and showed no signs of ataxia, even when his eyes were shut. Towards the end of his life he complained more of vertigo than of headache, and when compelled to sit up in bed he held his head with both hands on account of the vertigo. He became drowsy, then comatose, and died to-day.

Autopsy held twenty-eight hours after death. Head, only, examined. The bones of the entire skull are extremely thin; the course of the arteries is marked



by deep grooves; the pacchionian bodies have made such deep holes that the bone is almost perforated, and the roof of the orbit is exceedingly thin, transparent, and easily breaks down under the point of the knife. Dura mater and pia mater normal. No increased amount of sub-arachnoid fluid and no decided flattening of the convolutions. Cerebral substance cedematous. All the ventricles of the brain are much dilated and are filled with a fluid of normal appearance. Cortex and ganglia at the base of brain appear normal. Right hemisphere of the cerebellum is larger than the left, and presents fluctuation. On section the right hemisphere of the cerebellum is found to be reduced to a thin shell, its whole interior consisting of a cyst containing clear light yellow fluid. The wall of the cyst is smooth, and the cyst-cavity is traversed by no septa. At one edge there is a nodule of deeply congested tissue or a hemorrhage. The left hemisphere and the body of the cerebellum, as well as its peduncles, appear normal.

A microscopic examination failed to reveal the exact nature of the cyst. Neither the fluid in the cyst, nor the cyst-wall, exhibited any thing characteristic of echinococcus or cystocercus; and sections through several parts of the cyst-wall and neighboring tissue showed no signs of sarcoma, glioma, or any other new growth. The cyst-wall was formed by the normal cerebellar tissue decidedly compressed. It appeared most probable that the cyst was due either to hemorrhage or to an occlusion of an artery which had occurred a long time ago.

In this case the appearance of the cyst, the general thinning of the bones of the skull, and the symptoms of the patient, all indicate that the lesion had been in existence for a long time, and it is not

improbable that it had its origin eleven years ago when he acted as if he were insane for a short time. It shows, then, that an extensive lesion of a hemisphere of the cerebellum may be in existence for years and yet produce only vague and ill-defined symptoms. It is true that the cerebellum is the great co-ordinating centre of the body, and that lesions of it frequently cause characteristic and extensive disturbances of co-ordination, but these occur only when the body of the cerebellum is implicated, and it is well known that lesions of the cerebellar hemispheres may produce no symptoms whatever. Such lesions, however, very frequently give rise to a secondary hydrocephalus, with general dilatation of the cerebral ventricles, as occurred in this case; and to this secondary hydrocephalus were probably due the more violent symptoms which came on during the last few weeks of life and which terminated in coma and death.

CASE II.—September 20, 1886. G. S., æt. 16. Female. About the middle of last July the patient began to be troubled by severe headache, which, however, did not prevent her working. After the headache had continued several days, she suddenly had an epileptoid attack, and afterwards she was unable to walk, and her eyesight began to fail rapidly. She entered the hospital to-day. On entrance her eyesight is much impaired, although she can recognize faces and can see large objects; her manner of walking is awkward and unsteady, which seems to be due, in part, at least, to her blindness. There is no paralysis of any muscle. Sensation is everywhere perfect, as are also her hearing, taste and smell. All the reflexes, superficial, deep and organic, are normal. No aphasia nor mental disturbance. The strength of her arms and

legs is good. She can stand on either leg. On ophthalmoscopic examination, both eyes are found to present typical specimens of choked discs, with much œdema and extensive neuritis.

October 20. Has remained in about the same condition, except that she has become somewhat weaker. She has frequent attacks of vomiting, not dependent upon food, and has had a frontal headache, which has steadily grown more severe, and for the relief of which she requires constantly increasing doses of morphine. There is still no trace of any paralysis of motion or sensation, and the reflexes are normal. She is almost entirely blind.

November 20. The headache has been intense during the past month, so that she has been kept under the influence of morphine. Yesterday she had a general convulsion, the first since entrance. The vomiting continues. Within the past few days there has appeared an absolute paralysis of both abducens nerves, with the consequent convergent squint and inability to turn either eyeball outward beyond the median line. There is no other paralysis, except that from the time of entrance both pupils have been widely dilated and respond very slightly and sluggishly to light. No trace of any facial paralysis. The patient is so weak that she is confined to her bed.

December 10. Patient is entirely blind. She is very weak, but she can move her arms and legs fairly well in bed. Hearing, taste, smell and cutaneous sensibility of all kinds are normal. There is no muscular paralysis, except that of the abducens muscles. Since the last record she has had little or no headache, and has required no morphia. She has had many convulsions, which are of short duration, are bilateral, and seem to

consist mostly of tonic spasm. She vomits frequently. Lately she has passed urine and feces in bed, and during the past week or two there has been much offensive discharge from the vagina.

December 18. During the past two months the patient has complained greatly of dizziness whenever she has sat up. The headache of which she complained so much was general over the head, and especially frontal, but she has not complained of it lately. There has been at times much spasm of the muscles of the neck. During the past week the nurse has noticed that she rubbed her genitals much, but previously the nurse had noticed nothing like masturbation. She has not menstruated since she has been in the hospital, although she said that she had done so previously. Lately she has failed steadily, and died this evening. She was conscious almost up to the time of her death.

December 20. Autopsy held thirty-six hours after death. General emaciation. Dura mater but slightly adherent to skull cap. Dura mater and pia mater normal. Very little sub-arachnoid fluid on surface of brain, but an increased amount at base. Convolutions slightly flattened. Corpus callosum much thinned. All the ventricles of the brain uniformly and greatly dilated. Cortex and medullary substance and ganglia at base of cerebral hemispheres entirely normal, except for some œdema and unusual prominence of punctæ vasculosæ. The left hemisphere of the cerebellum is in great part replaced by a tumor. This tumor apparently commenced at the outer part of the cerebellar hemisphere, and had extended inwards, destroying the cerebellum; so that now the outer half or two-thirds of the left cerebellar hemisphere is replaced by the tumor, which is

a hard, whitish growth. The whole interior of the tumor is broken down into a soft, creamy mass, and the adjoining part of the cerebellum is softened, so that there is no very sharp line to be drawn between the softened cerebellum and the tumor. The body of the cerebellum is not involved, and there is no apparent degeneration of the peduncles. On the inner surface of the skull, pressing against the tumor and at the point where the growth probably commenced, is a small but very sharp osteophyte.

Upper lobe of lungs are very anæmic, the lobes being the seat of hypostatic congestion. Heart normal, except that two of the semi-lunar valves are adherent at the contiguous part of their free edge, so that they are converted into one long valve. Liver, spleen and kidneys are normal. There are no adhesions nor signs of pelvic peritonitis. The ovaries are two or three times the normal size and of white color. They seem to be sacs with a very thick wall, and appear to be examples of chronic interstitial oophoritis. The vagina is greatly distended by a large quantity of thin yellow pus. The walls of the vagina are deeply congested and in places slate colored. The cervix is also deeply congested and soft. There is no hymen. The nymphæ are greatly elongated.

A microscopic examination of the tumor showed it to be a spindle-celled sarcoma.

In Case II., as in Case I., the lesion is confined to one hemisphere of the cerebellum; but the symptoms are very different, and this difference is due to the different nature of the lesion in the two cases. In Case I. the lesion was a cyst, which either did not increase in size at

all or else did so very slowly; while in Case II. the lesion was a tumor which increased in size steadily and rapidly, and in so doing not only destroyed the hemisphere, but also exercised a strong pressure on the body of the cerebellum, and thus produced in a mild degree the symptoms characteristic of lesions of the body of the cerebellum, viz., an awkward, unsteady walk, a retraction of the head, and convulsions. Failure of the sight, rapidly developing into complete blindness, was one of the first symptoms of Case II., and is a very common symptom in cases of cerebellar tumor. In such cases the blindness is probably not due to the choked disc and the consecutive optic neuritis, but is generally ascribed to the increased pressure of fluid in the dilated ventricles, which increased pressure manifests itself in some cases in a bulging downwards of the floor of the third ventricle, and consequent pressure on the optic chiasm. The paralysis of the abducens was probably also due to the increased pressure within the ventricles, the nuclei of the abducens nerves lying so superficially in the floor of the fourth ventricle that they are more exposed to this increased pressure than most of the other cranial nerves. The olfactory nerve and nucleus is usually involved in such cases, but in this case hearing was not affected. The irritation of the little osteophyte was probably the exciting cause of the tumor.

Although the cerebellum is no longer regarded as exercising any influence on the sexual sphere, yet it is remarkable that this tumor should have been associated with oophoritis, vaginitis and greatly elongated nymphæ.



## CASE OF ACUTE ENCEPHALOID CANCER OF THE BREAST.

By LEROY McLEAN, M.D., TROY, N. Y.

*(Albany Medical College, '55.)**[Reported for Albany Medical Annals by C. B. Herrick, M.D. ('80), Troy, N. Y.]*

Miss G., æt. 28. Parents living, with no hereditary history. Patient robust, with well-developed breasts. On September 5, 1887, she noticed a small lump in the upper part of the right breast. As she was about to leave the city on a vacation, she allowed it to pass. On her return, September 25, she consulted Dr. McLean, who found two tumors, one in the upper part of the right breast, the other below the axilla. Both were distinct, movable, somewhat elastic, and gave no pain. On the 27th the doctor saw her again, when the tumors were found to have increased in size, now the size of oranges, still being distinct from each other. Continuing to enlarge, on October 10 they were found to have coalesced. At this time she became confined to bed, and constitutional symptoms appeared. The pulse quickened; no increase of temperature; no chills nor pain. The growth pushed out like a sub-mammary abscess, and being punctured gave but a small amount of blood. Enlargement was rapid, the breast becoming tense, discolored, enlarged capillaries coursing its surface. Pain was

inconsiderable, a sense of distress, caused by the weight and size of the growth, only, being present. It reached its maximum size by the 15th of October—less than *six weeks* from the time of discovering the small nodule. Emaciation became marked, the opposite breast shrinking in size. On November 15 quite a profuse hemorrhage occurred from the upper part of the tumor, which had ulcerated and broken down. Several hemorrhages followed this, which, with considerable ulceration of the growth, with disagreeable fetor, added to the prostration of the patient, and death occurred November 28, *twelve weeks* from the beginning of the disease. During the last few days the stomach rejected all fluids or nourishment of any kind.

In July previous to this trouble, while playing with a dog, the patient received a blow from the animal's paw, in about the locality where the nodule was subsequently discovered. An inconsiderable amount of pain was caused by this, and the circumstance was forgotten until the later trouble appeared.

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 PERMANGANATE OF POTASH FOR SNAKE-BITE—A CASE.

By J. McF. GASTON, M.D., ATLANTA, GA.

*[For Albany Medical Annals.]*

The fang of the snake penetrated the anterior portion of the end of the third finger, and a ligature was immediately tied tightly around the finger below the first joint, which strangled the circulation.

The patient came directly to my office, only a few blocks off, and so soon as a solution of permanganate of potash, two grains in a drachm of distilled water, could be made by the druggist nearest to

me, the quantity contained in an ordinary hypodermic syringe was injected by passing the point of the needle through the orifice left by the fang. The ligature was then released, and the patient made great complaint of the pain in the part, from the medication, for a few minutes. There was a dusky, ashy hue extending around the point where the injection penetrated, which gradually passed away in the course of fifteen minutes. There was no farther notable effect of the bite nor of the injection. Some swelling of the finger and arm occurred during the following day, as I was told by his brother, who came to report his condition, but it was not necessary for me to see him again. I should state that he took the aqua ammonia in doses of fifteen drops every hour during the afternoon of the bite, but there were no indications of the effects of the poison requiring this remedy, and it was only used from prudential considerations.

During the four sessions which I have been connected with the Southern Medical College, I have presented to the medical class of that institution the facts observed during my residence in Brazil as to the efficiency of the hypodermic use of a saturated solution of permanganate of potash in the bites of all venomous serpents. It is not, therefore, a new measure to me, though an occasion has not been afforded here previously of making a practical demonstration of its virtues. I don't know that any publication has appeared in this country in regard to it, but it was so generally known among the people in Brazil for several

years before I left there that it was a common practice among hunters in the forests to carry with them a phial of the permanganate solution and a hypodermic syringe, to meet any emergency from the bite of a snake.

It has been found that a timely use of the injection prevents any bad effects from the poison, and even after it has been absorbed the antidotal property of the permanganate of potash modifies its action to such an extent that no serious consequences ensue from the bite of serpents even more venomous than the rattlesnake. In the present case it was not a snake of the crotalus class, as stated, but one with dark and yellow spots, as reported to me; and though it was doubtless a venomous snake, I had no apprehensions of a fatal result.

The notice of my treatment in this case through the newspapers is calculated to attract some attention, and I am pleased to have an opportunity to present this agent to the profession, not as an experiment, but as a medical matter which has been fully tested by a number of practitioners in Brazil.

The government allowed Dr. Leaoudor, of Rio de Janeiro, fifteen thousand dollars as a bonus for the discovery of its virtues some years ago. Now, if the United States government would recognize becomingly the importance of this antidote to the poison of snake-bites in all cases, by awarding me a few millions from the surplus in the treasury, for introducing it in this country, it might be considered a public benefactor.

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**FOLLOW DIRECTIONS.**—*Citizen*: "In case of a sudden illness, doctor, what ought a person to do while waiting for a physician?"

*Doctor*: "Well a physician's time is

very valuable, you know, and the patient ought to get the two dollars ready, so that the doctor won't be bothered with making change."

## SOME FACTS REGARDING MEDICAL MISSIONS AND THE INTERNATIONAL MEDICAL MISSIONARY SOCIETY.

BY JOHN ASHBURTON CUTTER, B.Sc., M.D., NEW YORK CITY.

*(Albany Medical College, '86.)**[For Albany Medical Annals.]*

## A.

1. "There are nearly one thousand millions of heathen in the world."

2. "About forty millions die every year with scarcely any medical aid."

3. "There is one medical missionary to about five millions of heathen, or one doctor to New York, Brooklyn, Philadelphia, Chicago and Boston."

4. "There was one doctor to 585 people in the United States in 1880."

5. "A man in Formosa traveled a week in a boat to get his injuries attended to."

6. "A woman in China broke both legs, and they mortified before the doctor came."

7. "Christ healed the sick and preached the Gospel—so did his disciples."

8. "Modern medicine and surgery appear miraculous to the heathen."

9. "It is often very difficult to prevent them from even worshipping a doctor."

10. "A medical missionary can, to a large extent, obtain his own support."

[Some can more than earn their living, though as a rule they go out under some of the missionary boards.]

11. "Dr. (Miss) Ellers, a medical missionary in Korea, receives \$8,000 a year from the Queen."

12. "His medical skill will open doors otherwise closed to the Gospel."

13. "In 1841 the Edinburgh Medical Missionary Society was instituted, and has sent forth scores of devoted young men to bless suffering humanity."—*Dowkontt.*

## B.

1. The New York Medical Missionary Society was instituted in 1881, incorporated in 1885, and in 1887 became the International Medical Missionary Society.

2. Its motto is, "Healing for body and soul."

3. It has in New York city six dispensaries and in Brooklyn one. Up to January 1, 1887, 40,000 attendances were given to the sick poor at these dispensaries and at their homes. In 1887, 13,000 attendances were given.

4. It has now an Institute for the training of its students. At 118 East 45th street are the general headquarters and the rooms for the young men. On Lexington avenue is the home for the young women. Lectures are given to the students, some of them of preliminary nature to their medical studies, others in the line of their regular medical collegiate work, and some post-graduate.

The rooms and the tuition at the Institute are free, and the board is provided at the rate of \$2.50 a week. Some of the students are aided by the society, when necessary, to pay for their lecture fees and board. But it is expected that the student will be able to provide at least one hundred dollars a year for his expenses. The examination of entering students, as to their religious, mental and physical characters (if the term may be used), is strict. Several have had to be turned away on account of the society's lack of funds. Most of those entering take a full three years' course at some medical college in the city, with an addi-



tional year in charge of dispensary work. A course of one year's duration has been arranged for theological missionary students, during which they are given instruction likely to prove helpful to themselves and others in cases of emergency.

The students not only assist the physicians in charge of dispensaries, but do mission work among the sick poor; this work is often among the most degraded of mankind. It is founded on the two greatest laws of life, and which will in time rule the world, to wit, that man should love God with all his heart and his neighbor as himself.

5. Dr. Summers, Mr. Chatelain and Miss L. Hamilton are now at their work in Africa. The letters of Dr. Summers are more interesting than a novel. If any one wants danger and something to keep all his faculties busy, let him go to Africa as a medical missionary. Miss Wilson is in India; Dr. Davis and Dr. Minassion are at work in this country. Of four just graduated, Dr. Scudder will go to India, Dr. Randle to China (he had been there previously nine years), Dr. Tashgian to Armenia, and Dr. Bolton, of Canada, to China. Of four post-graduate students of the Institute, Dr. Leach will go to Burmah, Dr. Brownell probably to Syria, Dr. Goldsbury and Dr. Wagner, uncertain. Of four taking one year's course, Mr. Woodside and Mr. Pixley will probably go to Africa, Miss Elwyn to Burmah, and Mrs. Gulick to China.

6. During 1885 there were nine students at the Institute; 1886, 12; and in 1887, 47, of whom nine were young women; these 47 were from nine denominations and thirteen countries, showing how unsectarian and international the work is.

7. The expenses of the society have of necessity been cut down to the lowest point. Dr. Dowkontt, the medical director, has done the work of two men.

I am confident, after a careful study of the missionary question, that those who believe the welfare of the world depends on Christianity cannot bestow some of their money, when giving, on a better work than what is done by this society. I have shown you that it is broad in every sense of the word. The fact is recognized that there are plenty of heathen in New York, and the responsibility is not shirked by the society as a whole nor individually by its members. I am proud that the medical profession is one that does an immense amount of disinterested work. To be sure, the laity do not give us the credit for it, but the fact remains. There is no profession or calling that will bring together three thousand men (all of whom have to pay their own expenses), in order to learn new things, except the medical.

So, then, this society, founded on the great laws of Christ and doing an international work, deserves the earnest consideration of all those who think there is something more in life than working hard for a little money and then hiving it up, to be quarreled over by heirs and spent by lawyers.

The expenses of the society for the coming year will be \$12,000, but Dr. Dowkontt says that \$20,000 can be used to an incalculable advantage.

The *Medical Missionary Record*, a monthly costing one dollar a year, contains very much of interest, and merits the support of all interested.

At the recent annual meeting of the society, Prof. G. E. Post, M.D., of Syria, said: "Medical missionary work never fails, though other missionary work may;

that is, we do not always cure our cases, but if the medical missionary is all that his name implies, his good influences will never cease." This is a strong statement, but, coming from such a man as Dr. Post, it is not to be denied. He said that he had talked face to face with many Mohammedan women; he had been met at the entrance of town by processions to escort him; that he had been decorated by the sultan, etc., etc., but that none of these things ever happened to the ordinary missionary.

8. I wish to add a few items of a personal nature. I took charge of a new dispensary last April, which is located at South Fifth avenue and Bleecker street. This district is peopled by Italians, Africans, Germans, Irish and Americans. Some of them are lazy, others workers, nearly all of them poor (and I believe in a majority of cases of necessity), and some great frauds. The last are either too lazy to work or are too mean to pay a doctor. They never deceived me long, as a Mrs. Kalt, a woman who has been doing city missionary work for fourteen years, of great intelligence and tact, is in charge of the mission with which this dispensary is connected, and she knew of the people in all of that district. But, as I said before, a great majority of patients have been those who were poor, and could not help it.

In my hand-bag I carry a Cutter clinical microscope, as invented by my father. I have heard some men say, who have not practiced microscopical exploration of the blood more than half a dozen times at the most, that the use of a clinical microscope is impractical. Yet the time taken is not very many seconds, when with a good scarificator (my father's, if you please, or any one else's) a clean puncture is made in the forearm on the

radial or ulnar side, to the depth of about an eighth of an inch, a drop squeezed out, placed on a clean slide, by simply bringing the slide to the drop of blood, and then covered by a cover-glass by putting the slide and drop down to it, as the drop is held on the slide by atmospheric pressure. It does not take many more seconds to place the slide on the stage of the microscope. This microscope is ten inches long, and with my Tolles objective and eye-piece I get an amplification of five hundred diameters, which will settle positively, to my mind, whether the patient has *pre-tuberculosis* (so important, as easily treated), *tuberculosis*, *rheumatism*, *pre-embolism*, *anæmia*, *fibræmia*, *syphilis*, etc., or not. Sometimes the blood has to be studied for five, ten or fifteen minutes, or more, but often one can make his diagnosis in short order. This mode of study does not throw aside other physical explorations, but I know it is a great aid. As for syphilis, I will say that it is the hardest to diagnosticate of all these morphologies which Dr. Salisbury and my father, Dr. E. Cutter, have worked up. Also, if in time I find that I am wrong in my present belief, I shall only be too thankful to the man who teaches me what is right. My experience has been that in every case where the diagnosis of syphilis could be made by the usual signs, I have found in the blood the crypta syphilitica of Salisbury, and I have also found these automobile spores in cases of doubtful diagnosis (conventionally) which have responded to the treatment indicated. I wish to call attention here to the fluid extract bamboo brier comp. as made by Burrough Bros., of Baltimore. Kellogg, Hitchcock & Co., their eastern agents, 24 Park place, New York, furnished me some of it last summer for trial. It is

made up of the equal parts of the fluid extracts of stillingia, poke root, etc. (according to the formula of Dr. Sims for the manufacture of Succus Alterans, now made by Eli Lilly & Co.). I have been much pleased with it, though I wish to follow it along further, as a patient should take it for syphilis two years or more. The dose is from 15 to 60 minims, and I believe it can be sold at retail for \$1.50 a pint. With a poor patient cost is a desideratum, and this preparation at present appears cheaper and stronger in its effects than Lilly's admirable one.

Last fall Mr. J. H. Hutchens, a graduate of the College of Pharmacy of New York, formerly a student of the Albany Medical College, and now practicing his profession of pharmacy in this city, was using one of my father's inhalers for nascent chloride of ammonium. Becoming tired of blowing the crystals into his wife's face, she being sick, he took two pieces of cloth, wet one with ammonia and the other with hydrochloric acid, shook the two together, and the room (quite a large one, 18 x 20 x 10) was almost immediately filled with the crystals in much greater density than I had ever seen from the inhaler, except after vigorous use. Not long after this I was called from the dispensary to see a sick Italian baby. Found half of the right lung nearly solid. Ordered bisulphate of quinine and iodide of ammonium with fluid extract of licorice. The boy (he was six months old) took one dose and no more. Then obtained a bottle of ammonia and one of hydrochloric acid, two pieces of cloth and an interpreter, gave full directions, and also ordered tincture of iodine to be painted on chest, and to then wrap in cotton. All was done faithfully, and the child recovered.

I am not writing here on the efficacy of the nascent chloride of ammonium in pneumonia, for that has been done before, and I have known my father to take a babe six weeks old through an attack with no treatment but blowing these fine crystals from inhaler so that the babe would breathe them. But this method is so easy and effective that I cannot thank Mr. Hutchens enough for his laziness, as he called it. One can hold a cloth over the mouth of the acid bottle and impregnate it without getting any on his hands or clothes, and the same for the ammonia. Then simply shake the two cloths together.

In closing, I would say that I have never been so impressed by what rum could do till I went into this dispensary work, and I did not realize what a field of work is open for medical missionaries till my assistant, last summer, Dr. H. A. Minassion, a graduate of an Armenian medical college and also of Bellevue, informed me as to some of his labors amongst the poor in Armenia. Two of them would go from village to village. They would work all the morning in whatever quarters they had, and when the time came for dinner would have to go back into another room and bar the door, so that they might have rest. Sometimes they would go out on a trip to make money for their college, and would do considerable surgery amongst the richer classes. There is a field big enough for all the graduates Albany will degree for many years to come, and there will be little fear of competition for smart men. Of course, results tell, and the unenlightened may make it worse for a doctor who loses a case than is done here, though one can there as well as here protect himself as to prognosis.



## ABSTRACT A.

**HYDROPHOBIA.**—Dr. Victor Babes (*Virchow's Archiv*, Band cx., Heft 3, p. 562) thus sums up, giving his views and those of Pasteur:

1. So far as modern methods go, no constant micro-organism is found characterizing hydrophobia. The various abnormal structures found in the tissues by Pasteur, Roux, Gibier, Fol, Rivolta, and others, are in some cases not micro-organisms, in others not peculiar to the disease. The micro-organisms found by the author and others do not produce hydrophobia. His observations have made it probable that something at present unrecognizable, exceptionally existent in the nervous system, produces hydrophobia. Further observations have shown that the poison acts in general like bacteria, but possesses the power of greater resistance, for instance to carbolic acid, than most known bacteria. Histological observations show nothing characteristic.

2. With regard to symptoms, the condition of the temperature appears important, and in particular the author has observed a premonitory fever generally with slight loss of strength, nervous symptoms either being present or following immediately afterwards. After the disappearance of this fever the animal may be completely healthy for weeks until at last the hydrophobia breaks out. Though Pasteur mentions that the disease may appear and again disappear, he does not recognize this premonitory fever, which is much commoner than pronounced nervous symptoms. It appears that it may also occur in man long before the disease itself breaks out, and if so it is of great diagnostic interest. This must not be confused with the wound fever, which occurs one to three days after inoculation. The peculiar course of the disease after intraocular inoculation is mentioned. The author finds that, as a rule, the great nerve-stems in the neighborhood of the central nervous system is poisonous.

3. It is interesting to observe that the fixed virus can be strengthened by artificial selection and cultivation, and by opposite selection can be weakened. It is of practical value to note the fact that the virus can be rapidly strengthened by sev-

eral generations through the brains of guinea-pigs, as well as that these animals are more susceptible to it than dogs. The regular appearance of fever at the end of the fourth or beginning of the fifth day after inoculation with the virus is the best criterion. The virus killed dogs of 800 to 1,000 gr. regularly in from seven and a half to eight days after inoculation, whilst Pasteur's died on the tenth day.

4. It is much more difficult to protect dogs against intracranial inoculation than Pasteur asserts. Dogs inoculated with a Pravaz-syringe often do not become hydrophobic. The bite of an infected dog or scarification produces more frequently, but by no means always, hydrophobia. It is, therefore difficult to say whether an early or late inoculation protects against hydrophobia. When the anterior part of the head of a dog was opened and allowed to be bitten, the most positive and valuable results were obtained. The author's few favorable results were caused probably by the fact that in spite of every care, by the drying of the virulent spinal cord, no regular gradually increasing series of protective material could be produced. Pasteur also experienced irregular action of the same material, though to a smaller extent than the author. This is probably due to the fact that the latter used the cords of smaller animals, which are less regularly altered by drying than those of the larger. This was evidently the reason why the inoculation of cords dried for different periods succeeded better than Pasteur's method. The use of mixed cords dried for different periods has, in the author's experience, shown itself a better protective than the simple preparation.

In hydrophobia we have to do with several stages, one of which is the spreading of the poison in the organism (premonitory fever), and especially in the central nervous system, on which follows a dispersion of the virus, and a certain systematic increase of the same from certain points of dispersion, which causes at some period the outbreak of the hydrophobia. The dispersion is very extensive, but only a few points are necessary. These points must be places connected intimately with

the nervous elements, for, as a fact, the poison is almost solely met with in the nervous system. That in hydrophobia we have not to do with a simple increase of the poison in the blood or lymph vessels of the brain, but with a gradual systematic dispersion, is made more probable by the fact that the outbreak is indifferently caused by the inoculation of much or (to a certain point) little virus between the cerebral membranes, or even in the brain. In either case, five days pass until the fever appears, and six and a half before the appearance of nervous symptoms.—*Lond. Med. Recorder.*

**ANATOMY OF THE ISLAND OF REIL.**—The following are Erberstaller's conclusions: 1. The insula is not formed so simply as is generally supposed, but falls into an insula anterior, and an insula posterior. 2. This separation is produced by a constant fissure. 3. The description of gyri breves is suitable only for the convolutions of the anterior insula which converge to the pole of the insula; the hinder insula is better described as the gyrus longus insulæ. 4. The basis of the anterior insula corresponds in its whole extent to the frontal lobe; that of the hinder, on the contrary, to the posterior central convolutions. 5. The transverse convolutions on the upper surface of the temporal lobe, passing into the Sylvian fissure in the higher primates and man, are not equivalent to the temporo-parietal gyri of other gyrencephalus mammals, but the gyrus longus insulæ takes their place.—*Lond. Medical Recorder.*

**WALLIS ON COCAINE.**—In No. 1 case, the patient was a delicate, nervous lady, who required the removal of some troublesome roots. Two grains of cocaine dissolved in thirty minims of ether were injected, and answered admirably, the stumps being removed apparently without any pain. Case 2 was a healthy, robust man of 50, who was injected with one grain of cocaine in ten of water. This produced a curious but not disagreeable effect upon him, which passed off in a few minutes. Case 3 was a lady, not at all nervous. One and a half grains of cocaine were injected, but part of it escaped and ran down the throat. The tooth was removed, when the patient nervously exclaimed that she was unable to swallow,

but she was soon convinced of the contrary, and showed no further anxiety. On his own person Mr. Wallis has experimented extensively, having taken as much as five grains at a time internally, with only rarely any disagreeable sensations. The latter were easily overcome by a little brandy and ether or nitrite of amyl. The solution should always be fresh and clear, and the re-crystallized salt is probably preferable. The hydrochlorate may be tested (and purified) by dissolving in a minimum quantity of absolute alcohol and precipitating with ether. Another test is by dissolving one grain of the salt in two ounces of water, to which solution two drops of solution of ammonia are added, and the whole well mixed. With a good sample well-marked striæ at once form, followed by a copious crystalline deposit. With inferior products there is either no precipitate, or the liquid merely becomes milky. Most samples of cocaine appear to contain from 1 to 2.5 per cent. of *hygrin*, a viscid alkaloid of the consistency of treacle. It has a slight burning taste, is irritating, and dissolves freely in ether, chloroform, or alcohol. He prefers the alkaloid to the salt, notwithstanding the greater solubility of the salt. In Peru, coca is chewed with lime, and Mr Wallis recommends that the parts be washed with an alkaline solution before injection. Ether dissolves the alkaloid readily, and is a suitable medium for injection, its stimulant action being a valuable effect. The *ether purus* B. P. is that generally used.—*Lond. Med. Recorder.*

**PECULIAR EFFECT OF COCAINE.**—Dr. F. H. Potter reports the case of a woman, aged 24, who had naso-pharyngeal follicular disease, and in whom cocaine was used in two and four per cent. strength, at first, to overcome her fear of the instruments, and then in the various stages of the treatment, especially when using the chromic acid. Almost immediately upon each application—always within one or two minutes—she experienced a strong desire to defecate. Sometimes she could not resist this, and it always appeared upon the use of the drug, and varied in intensity with the amount used and the solution strength. It would be slight, easily controlled, or strong and utterly beyond her control, according to the free-

dom with which cocaine was applied. Other remedies, alone or in combination, applied in the same way with the same instruments, and with the intent to deceive, failed to produce the desire. When cocaine, however, was incorporated with these solutions, the phenomenon appeared. Cocaine has been previously observed to produce intestinal anæsthesia.

**PRESENT STATE OF CARDIAC THERAPEUTICS.**—Dealing with the treatment of acute inflammatory affections of the endocardium, Dr. Stewart points out the value of rest. Rest means low blood-pressure, and consequently less work for the valves to do. This may be assisted by the administration of drugs which lower the blood pressure, such as chloral. He disapproves of blisters over the precordia and blood-letting, the former because injurious, and the latter because of only temporary benefit. With reference to the treatment of cardiac disease during the period of compensation, he speaks very favorably of Oertel's plan, which consists in strengthening the muscular system, comprising the heart, by regular and graduated out-door exercise; aiding nutrition by a diet rich in albumen, and by careful regulation of the quantity of fluids ingested. This plan of treatment is probably adapted to cases of threatened heart-failure from commencing fatty degeneration and from deformity of the chest or disease of the lungs. When loss of compensation renders exercise impossible, the digitalis is of great value. The first marked effect of heart failure is diminution in the aortic blood-pressure, as shown by a diminished excretion of urea. So long as digitalis causes an increase in the quantity of urine, so long it is safe to proceed with its administration. The diuretic power of digitalis is entirely dependent on its power of raising an abnormally low blood-pressure, and to effect this it must be given in full doses. When the urine, after being increased in quantity by digitalis, considerably diminishes, then the drug should be at once withdrawn. This decrease is a warning never to be neglected. \*As to the quantity of digitalis required to bring about diuresis, great differences are found, persons varying greatly in their susceptibility to the influence of the drug. Forty minims of the tincture four times

daily for three days will, in the majority of cases, bring about the diminution, but as much as half an ounce daily in divided doses is sometimes required. The best results are obtained by absolute rest in bed with digitalis in full doses. Other drugs besides digitalis possess the power of slowing the heart and increasing the blood-pressure—scillain, helleborein, oleandrin, adonidin, convallamarin, and, finally, strophanthin. Mercury is a direct diuretic. Hence the value of the old combination of digitalis, squills and mercury (Baly's pill). All these remedies are useful in particular cases, and Dr. Stewart speaks very hopefully of strophanthin, the latest addition to our list of heart medicines. He also speaks very favorably of the effect of caffein. It is a powerful direct diuretic, acting on the epithelium of the convoluted tubules, and probably on that of the glomeruli. It acts very promptly. A combination of digitalis and caffein affords very excellent results. —*London Medical Recorder.*

**LARKSPUR (DELPHINIUM CONSOLIDA) IN SCROFULA.**—Dr. E. I. Krasnogradoff, of Tiflis, draws attention (Proceedings of the Caucasian Medical Society, Oct. 16, 1887, p. 32) to an old remedy which has been long ago forgotten by scientific therapeutics, but is still often used in popular medicine as an excellent remedy for scrofula. It is the root of a variety of knight's or lark's spur of *Delphinium consolida*, Linn. (Russ. *jivokost*, or "live bone," that is, the plant which can call dead bones to life). A scrofulous and syphilitic lady patient of the author's had suffered for a score of years from extremely obstinate ulcers on both feet; the ulcers began of late to grow alarmingly worse, with the concomitants of emaciation, hepatic pain, Jaundice, gastric disturbance and sleeplessness. The lady accidentally met a soldier, who at once recommended her to try the root of larkspur, both internally, in the form of a strong cold infusion made with *vodka* (aqua vitæ), and locally, in the shape of a decoction. Following the advice, she drank the infusion and bathed her feet with the decoction every day for three weeks. No other means of any kind were simultaneously used. By the end of the time stated the ulcers healed, and her general



condition became normal. She has remained quite well ever since. Dr. Krasnogradoff mentions also several other cases of scrofula cured by larkspur after sarsaparilla and Colbert's essence had utterly failed. On the whole, he thinks that *Delphinium consolida*, a plant which is very common in some Transcaucasian regions, may prove by far superior to sarsaparilla, which is imported into Russia from afar, and is sold at a very high price. Following the author's suggestion, the Caucasian Medical Society have taken the matter up, and will give the root a fair and extensive trial. [The plant is not uncommon also in Switzerland, Germany, Austria, Alsace, etc., as *Koch's Flora* shows. *A priori*, certainly, it would not be a therapeutical fool's errand to examine its biological action on the animal system, since, being a member of the fam. *Ranunculaceæ*, and, in addition, belonging to the tribe *Helleboreæ aconiteæ*, *Delphinium consolida* must, undoubtedly, contain some very powerful active principles.—*Rep.*]—*London Med. Recorder*.

**COLLINSONIA CANADENSIS** ("Stoneroot" or "Knebroot") is especially valuable as a sedative, antispasmodic, astringent and tonic. The popular belief in its efficacy in promoting the expulsion of urinary calculi is well founded. It relaxes the spasm of the ureters or of the urethra, and, by increasing the flow of urine and by lessening the sensitiveness of the genito-urinary membrane, facilitates the expulsion of small concretions. When they are of large size, collinsonia is powerless to either dissolve or expel them; but it will alleviate the sufferings of the patient by diminishing the irritability of the bladder and urinary canal. Acute cystitis is quickly relieved by collinsonia combined with aconite and morphia. Incontinence of urine in children, due to spasmodic bladder contraction, is permanently relieved by it. In chronic gonorrhœa, leucorrhœa, and prostaticorrhœa, it is of value. In rectal neuralgia, spasm of the sphincter ani and vagina, suppositories containing 40 to 90 grains of the powdered root give excellent results. For colic spasms the tincture is the best way of administration in frequently repeated doses of one or two drachms for adults. Dysmenorrhœa has yielded to its exhibi-

tion when taken for a week before the usual period. It is of value in moderate doses as a mild general tonic. It increases the appetite, promotes digestion, and gently stimulates all the organs of excretion. It may be given with decided benefit in anæmia, chlorosis, incipient phthisis, and convalescence from the various eruptive fevers. Externally, it constitutes an excellent application to contused and incised wounds. Indolent ulcers may be stimulated to healthy action by an ointment consisting of one drachm of powdered collinsonia and one ounce of fresh lard. Ascarides may be effectually destroyed by rectal injection composed of the fluid extract diluted in four parts of water.—*J. V. Shoemaker*.

**ASPARAGUS IN METRORRHAGIA.**—At a meeting of the Don (Novotcherkask) Medical Society, Dr. A. A. Aksuetina, a local lady doctor, showed (Proceedings of the Don Medical Society for 1885-86, p. 17) the herb of a wild *Asparagus officinalis* (Russ. *sparja*—most likely derived from the English 'sparage'), which is used in Russian popular medicine as a means for arresting flooding. She narrated also a case from her own practice, where the drug had been employed with good results. In a multipara, who had missed her menses once, there suddenly appeared metrorrhagia of a moderate intensity, which did not yield to the treatment by cold-water injections and absolute rest. By the end of two and a half weeks the patient, following the suggestion of a friend of hers, resorted to an infusion of asparagus, made of a handful of the herb to two teaspoonfuls of boiling water, one cupful of the infusion to be taken in the morning and another in the evening. The bleeding gradually ceased before night came, and the next morning a four weeks' fœtus, in a semi-putrid state, was expelled. Dr. Aksuetina thinks the asparagus caused an energetic contraction of formerly atonic uterine muscular fibres, and thus enabled the womb to complete separation of an already semi-detached ovum.—*Lond. Med. Recorder*.

**EXPLORATION OF THE FEMALE URETERS** (SCHULTZ).—In 1874 Tuchmann first suggested the exploration of the ureters in females with the object of obtaining a specimen of the urine from each kidney

separately for diagnostic purposes. The suggestion has since been taken up from several points of view; some observers simply examining the condition of the ureters by touch, others seeking to procure the temporary obliteration of one or other canal, a third category advocating the catheterization of the ureters. Palpation of the ureters is useful in arriving at a diagnosis in certain urinary affections and obstructions, and enables the medical man to detect and aid the passage of obstructing calculi. This procedure is carried out *per vaginam*. The finger, slipping from before backwards, follows the urethra to its junction with the bladder, and thence to the anterior vaginal cul-de-sac. About half way between the two the finger is turned slightly outwards towards the ureter which is to be palpated, and, on lightly pressing, the feeling of a hard cord, like an artery, will be perceived. In carrying out these observations it is necessary to possess a clear idea of the anatomical relations of the base of the bladder and the vagina. Compression of the ureter has only an interest for diagnostic purposes, and is less useful than catheterization, which is certainly the most useful method of exploring the ureters. By its aid we are enabled to restore the patency of the canal after nephritic colic, to prevent retention of urine in the pelvis of the kidney, and to cut short the period of hydro-nephrosis. In five cases this procedure enabled nephrectomy to be performed, the opposite kidney being proved to be in good functional order, while in two others the operation was held to be contraindicated on account of the unhealthy state of the corresponding organ. In two cases in which diagnosis was difficult between a floating kidney and an ovarian tumor, the fact that the course and direction of the ureter was normal being demonstrated, the diagnosis became easy. There are three recognized methods of catheterizing the ureter—Simon's method, in which the urethra is dilated to enable the finger to serve as a guide to the orifice of the ureter; Newmann's method, in which the orifice is found by the aid of the endoscope. Both these methods, however, are inferior to that of Pawlik, who uses a metallic catheter with a bulbous extremity belonging to a soft catheter, which is con-

tinued by the first. The woman is placed in the lithotomy position; the perineum is drawn down with a speculum, so as to stretch the anterior wall of the vagina; the catheter is then introduced into the bladder, and the point is directed towards the fundus, with an inclination to one side. A depression is found which leads to the orifice of the ureter. By gentle movements of rotation, raising and depressing the handle, the point will ultimately find its way into the ureter, which will be recognized by the ease with which the instrument glides forward, lateral movements being interfered with. On removing the plug, moreover, a jet of urine escapes. Catheterism of the ureter is very rarely followed by untoward symptoms (fever, abdominal pain, localized peritonitis, etc.). It is by no means easy of execution, owing to irregularities, anomalies, or pathological conditions of the ureter.—*London Med. Recorder*.

REMOVAL OF THE BLADDER.—(Ballance and Edmunds, in *St. Thomas's Hospital Reports*, Vol. XVI.) The probable necessity of removing the bladder in a case recently brought before the Clinical Society by Mr. Pitts has led the authors to work out a practical method of performing the operation. They do not seem to have been aware at the time of the observations of Glück, Fisscher and Snamenski, experiments which were noticed by Pousson in his work on surgical interference in tumors of the bladder (see *London Med. Record*, 1885, p. 173, and *Brit. Med. Jour.*, April 25, 1885). And the authors go beyond M. Pousson, for he rejects all idea of the radical extirpation of a tumor involving the trigone and posterior wall of the bladder, whereas Messrs. Edmunds and Ballance search for the best means of entirely removing the bladder when occupied by a cancerous growth even in these parts. Partial removal of the viscus, especially in its anterior wall, has been effected safely in dogs, but the lower and posterior parts are much more difficult to deal with, and the diversion of the ureters has always proved a difficult matter. Operations are, however, now performed successfully which at one time were thought impossible, and we do not see that the authors' suggestions are unreasonable. A radical removal of the diseased organ,

they urge, should be undertaken in suitable cases, rather than a scraping, nibbling, or incomplete operation, which is certain to be followed by a rapid recurrence of the growth. The bladder, it is maintained, is an organ of convenience, rather than a necessity to life, and it would be better to go without a bladder at all than with one harboring a cancerous graft. And by the plan recommended by the authors there would be two urinary sinuses discharging externally, but this would be no great hardship, and if the diseased viscous were removed it is reasonable to hope that there would be a temporary or perhaps permanent arrest of the growth, as has happened in cancer of the rectum when the feces are entirely diverted by complete division of the colon. In malignant disease of the bladder, too, lymphatic gland infection seems to occur only in the late stage, and this is an argument in favor of the operation.

The first step is to divide and bring out the ureters, and these had better be treated on two separate occasions, so that two preliminary operations would be necessary before any interference with the bladder is attempted. The ureters can be reached by an incision through the front of the abdomen, somewhat similar to that for ligaturing the common iliac artery, and good diagrams are given in this paper for the lines to be followed. The incision is curved with the convexity outwards; it commences below, vertically above the spine of the pubes, at the level of the junction of the middle and lower thirds of a line connecting the umbilicus and pubes. From this point it extends outwards and upwards to within an inch and a half of the anterior superior spine, then upwards and inwards towards the umbilicus until a point is reached vertically above the commencement of the incision. The skin and tissues are divided down to the peritoneum, but the rectus and its sheath are left uninjured. The peritoneum is deflected from the iliac fossa, and the ureter is found adhering to it in the region of the common iliac artery. The ureter is followed down towards the bladder, and ligatured about half an inch to an inch from the spot where it enters the bladder. The ligature is applied in two places, and the ureter divided between them. The lower end of the upper portion has then to be

brought out to the surface of the body, and the plan here recommended differs from previous plans in that the ureter is passed through a special opening made by a separate incision over and about half an inch behind the middle of the crest of the ilium. This opening should be only just large enough to transmit the ureter, which is secured by fine silk sutures, half an inch or more of the tube being made to project beyond the surface of the skin. Care must be taken that the ureter is freed from its attachments, so as not to be bent at too sharp an angle, and the lower portion in connection with the bladder has to be carefully asepticised.

The two ureters having been thus diverted by two operations, the bladder can be excised by a supra-pubic operation. A vertical incision having been made from the symphysis, about half way up to the umbilicus, the peritoneum has to be reflected off the bladder. This is easily done, as far as the entrance of the ureters, by means of the finger and a pair of curved blue-pointed scissors. The anterior, lateral and posterior walls of the bladder are now free from all attachments, and can be easily removed. In the region of the trigone only the mucous membrane should be removed, in consequence of the vascular and other important relations of the base of the bladder. Fortunately, carcinoma is at first limited to the mucous membrane, and this can be peeled off at the base of the bladder from the muscular coat. It is curious that in their experiments on the dead body the authors found in one case that after easily removing the bladder by the above method, "on turning it aside through the small hole which constituted the junction of bladder and urethra, a quantity of blood was discovered, and a new growth (of which the man had evidently died) was seen attached to one of the lateral walls of the viscus."

Stricture of one or both orifices of the ureters would not be likely to occur, as they extend to the surface of the skin. The authors conclude with drawing attention to two points: In the first place they emphasize the beneficial results they think would follow the complete diversion of the urine from the bladder, and point out that with this even partial operation measures such as scraping, the application of caustics, etc., would probably be at-



tended with more lasting benefit; in the next place, they urge that the subject of double urinary fistulae, and their possible effect upon the kidneys, ought to be thoroughly studied upon animals before recourse is had to the above procedures for the alleviation of the miseries of patients afflicted with cancer of the bladder. We hope to hear more on this subject before very long.—*Lond. Med. Recorder.*

**THE PTOMAINES.**—Dr. Louis Bourget, in his thesis on the ptomaines (abridged in *Le Progrès*, No. 22, Nov. 20, 1887), writes as follows:

The ptomaines, which form in great abundance during the decomposition of animal matter, belong, according to Gautier, to the series of the pyrides and hydropyrides. They represent oily, very viscid, colorless, highly alkaline liquids, and form, when saturated in equal proportion with strong acids, crystallizable, easily disintegrating, salts. They possess a very penetrating odor, and readily oxydize in the air.

*Parvoline*,  $C_9H_{13}N$ \*, is obtained from the putrefying flesh of the mackerel and horse. It is an oily base, of amber color, and smells like hawthorn; it is but little soluble in water, but very much so in alcohol, ether and chloroform. Its boiling point is at  $188^\circ C.$  ( $370.2^\circ F.$ ).

*Hydrocollidine*,  $C_8H_{13}N$ , an oily liquid, produced by the putrefaction of meat.

*Collidine*,  $C_8H_{11}N$ , is one of the most abundant bases, has a strong smell of syringa, and is extracted by chloroform. According to Nencki, this base is identical with the collidine, first discovered by him. Guareschi and Mosso, following the method of Gauthier, repeatedly found a base of the formula  $C_{11}H_{15}N$ . Brieger asserts that ptomaines only form during the first stage of putrefaction, and that afterwards they perish. But the fact that it has been possible to extract them from a body eighteen years after death, seems to invalidate this opinion. Brieger has investigated and isolated the following ptomaines:

*Peptotoxine* is obtained from fibrine peptonised by the gastric juice, without decomposition having taken place. It is a

\* Brieger refuses to admit the correctness of Gautier's formulae for Parvoline and Hydrocollidine. He even maintains that their existence is only due to the analytical method of the chemist.

very permanent substance, and gives with strong reagents the same reactions as the vegetable alkaloids. It dissolves in amyl alcohol, and very readily in water, but is insoluble in ether, benzine, and chloroform. Milton's reagent (nitrate of mercury) forms with this base a white precipitate, which, by boiling, turns into deep red. This base is extremely poisonous.

*Neuridine*,  $C_5H_{14}N_2$ , is a diamine forming long needles like urea. Chlorohydrate of neuridine is very soluble in water, but, when pure, insoluble in absolute alcohol, ether, and chloroform. It is the most frequent base in animal tissues. It is found in rotten cheese and in decomposing gelatine, which is very rich in this base. Neuridine occurs also in the fresh human brain. It is most abundant on the fifth and sixth days, and disappears after the eighth day. It forms precipitates with several strong reagents. Its picrate is almost insoluble. Neuridine is perfectly innocuous, and is only poisonous as long as it is alloyed with impurities of putrid origin.

*Neurine*,  $C_5H_{13}NO$ . The putrefactive neurine is extracted from the lees after the elimination of the neuridine. It is excessively poisonous, and resembles muscarine in its effects. It appears in the form of very deliquescent needles, and is an oxyhydrate of trimethyl-vinyl-ammonia, a very soluble base. It is obtained by boiling cerebral matter (lecithine, protagon) with baryta-water, and derives itself from choline (bilineurine or sincoline),  $C_5H_{15}NO_2$ , by losing one molecule of water. The *choline* is found in the brain and in the yolk of eggs, in combination with phosphoro-glyceric acid, and can also be obtained from trimethyl-amine and from oxy-ethyl in aqueous solution. It is an oxyhydrate of trimethyl-oxyethyl-ammonia. By treating this choline with hydroiodic acid and oxide of silver, one molecule of water is abstracted, and a neurine is produced which possesses the same properties as the neurine extracted from putrefying meat.

*Animal ethylene diamine*, which is extracted from decomposing codfish, is highly poisonous. There is, besides these, in the lees a substance of the same physiological properties as muscarine, and another, which Brieger calls *gadanine*, but which does not seem to be toxic.

The *cadaverine*,  $C_5H_{16}N_2$ , appears already on the third day, rapidly increases, and abounds proportional to the duration of the putrefaction. It gives the following reactions: with iodised iodide of potassium and with bi-iodide of bismuth and potassium, a brown precipitate; with picric acid, yellow needles; with ferrocyanide of potassium and perchloride of iron, a blue color. It is a thick transparent fluid, which greedily absorbs the carbonic acid of the air, forming, in conjunction with it, crystals. It likewise forms with strong acids beautiful crystals, which are soluble in water and absolute alcohol. Its chlorohydrate is very hygroscopic.

*Putrescine*,  $C_4H_{12}N_2$  (bimethyl of ethylene diamine), is not found in perceptible quantity before the eleventh day of putrefaction. It is a clear liquid of spermalike odor, boils at a temperature of  $135^\circ C.$  ( $255^\circ F.$ ), and distils without disintegration in presence of caustic potash. It forms, with acids, beautiful crystalline salts, which are not affected by exposure to the air. It is very soluble in water.

*Saprine*,  $C_5H_{16}N_2$ , is a centesimal compound analogous to the former, from which it only differs by some chemical and physiological properties of its salts.

The last three compounds do not possess any appreciable toxic action.

The *mydaleine* forms as early as on the seventh day of putrefaction, but no sufficient quantities for examination of its properties can be extracted before the fourth week. The definite formula of this base has not yet been discovered, owing to the difficulty of obtaining it in pure condition. The investigation of its salts, nevertheless, shows that it is a diamine ptomaine, much resembling the preceding. Like these, it possesses a great reducing power, and gives with salts of iron and ferrocyanide of potassium an immediate and very copious precipitate of Berlin-blue color.

It produces increase of temperature and of the secretions, especially of the intestinal discharges. It dilates the pupils, respiration and circulation become accelerated, after which, provided that the dose was not too large, the functions gradually and slowly become normal again; in the contrary case, paralysis of the anterior and posterior extremities (in animals) takes place. Death is ushered in by a rapid fall

of the temperature, and the heart stops during diastole. An injection of 0.005 of a gramme (one-twelfth of a grain) proves fatal to cats.

Poehl found in damaged flour, containing ergot of rye, a toxic base, to which he ascribes the convulsive and gangrenous symptoms which characterize poisoning by this fungus.

The germs of putrefaction produce, according to the medium in which they develop, different ptomaines. The bacilli which permeate horse-meat produce neurine; those in the flesh of fish, animal muscarine or ethylene diamine.

Nencki has demonstrated that the presence of free oxygen considerably assists the process of putrefaction.

The various stages of cadaveric putrefaction are marked by the formation of different basic compounds. Thus, *e. g.*, the choline disappears, to be replaced by trimethyl-amine. In one of Brieger's experiments it required seven days of putrefaction before the disappearance of the choline was completed, whilst the neuridine could be discovered until the fourteenth day, after which no trace of it was left. The formation of an extremely poisonous base is coincident with the disappearance of choline, which seems to confirm the theory that neurine is a derivative of choline.—*London Medical Recorder.*

**LOCAL APPLICATION OF CALOMEL IN PHAGEDENA.**—I had a case of phagedena ulceration of the under surface of the glans penis under my charge at the Station Hospital, Brighton, in August last, which defied the recognized treatments of this disease. I applied nitric acid in the most thorough manner on six different occasions, during a period of eighteen days, without success. I then applied pure carbolic acid, but the disease again returned. Constitutional treatment with opium was adopted throughout. For six days the patient sat in a hot-water hip bath on an average about four hours daily, without any appreciable effect on the course of the disease. The condition of the penis on the twenty-first day was as follows:

A large ulcer existed, covering the entire under surface of the glans, molding it like the mouthpiece of a flute, and extending to the reflected foreskin in the

vicinity of the ulcer. A third of the glans had been destroyed. The surface of the ulcer was covered with a reddish gray secretion, irregularly disposed, and pierced here and there by large red granulations. The edges were angry and undermined.

I applied calomel powder on the twenty-first day of the disease, spreading it thickly, and pressing it well into the interstices of the ulcer. The calomel acted like magic; the ulcer began to heal rapidly. Now and then a suspicious spot appeared, but it was at once dissipated by a thorough application of the calomel. The patient made an excellent recovery, and was very pleased at the result, for he believed he was going to lose the whole affair. I could give him very little hope. I had used all the recognized methods of treatment, and the literature of the subject pointed to those slow, creeping ulcerations as almost incurable, except by amputation, and then very often the disease returned in the stump. I was tempted to use calomel, as I have found it very useful in all forms of syphilitic ulceration.—*T. J. Galwey, in British Medical Journal.*

**OIL OF TANSY.**—A curious effect has been observed by M. Peyraud to result from the administration of oil of tansy, *Tanacetum vulgare* (*Comp. Rend.*). The symptoms produced by it in animals almost exactly resemble those of hydrophobia, such as hallucinations, convulsions without loss of consciousness, opisthotonos, spasm of the pharyngeal muscles of the larynx, and of the whole of thorax, abundant salivation, asphyxial phenomena, sensorial excitability, tendency to bite, the characteristic cry, diminution of sensibility and movement, momentary paralysis, bloody mucous foam from the windpipe and bronchial tubes, sub-pleural hemorrhage, and hemorrhagic infarction of the liver.—*Therapeutic Gazette.*

**CARBONATE OF SODA AND MILK.**—At a recent meeting of the Conseil d'Hygiène, M. Proust presented a report on the system of preserving milk with carbonate of soda. He considers that this method should be prohibited. Carbonate of soda prevents the milk from turning sour, but produces a sodium lactate, which is purgative, and causes diarrhœa in infants.—*Brit. Med. Jour.*

**THE ADMINISTRATION OF CHLORAL.**—Battle's Bromidia is a clean and palatable compound of approved hypnotic principles. The proportion of bromide of potassium in its composition, to the chloral, could well be doubled for most of the purposes for which such a hypnotic combination is indicated. The directions accompanying this excellent hypnotic combination suggest a criticism. The injunction to not exceed three or four of the doses indicated in twenty-four hours, and to administer preferably during the evening, or night-time, would avoid many of the evil results which follow the injudicious use of this and all similar narcotics.

It gives much better satisfaction in states of mania and high cerebral excitement, in double the ordinary dose at about nine o'clock P. M., or at an hour two before the patient's ordinary time of going to sleep when well, adding thirty grains more of bromide of potassium and plenty of peppermint or other aromatic water, to protect the lips from being blistered by the chloral. We write the prescription thus:

R	Bromidiæ,	-	-	-	3 ij.
	Kali bromidi,	-	-	-	3 ss.
	Syr. Tolu,	-	-	-	3 iij.
	Aq. Menth. Pip. q. s. ft.	-	-	-	3 i.

Ft. haustus in aqua q. s. S. Give at eight or nine P. M., in plenty of water. Repeat once during night if necessary.

Fifteen grains of chloral, given every hour in cases of high maniacal excitement, may prove abortive, and the patient's blood may, at the end of five or six days, or even hours, of such treatment, become vitiated and depraved, the vital centers of the medulla weakened, and when, as sometimes happens, the attending physician, or another one called in, becomes desperate, and gives a very large dose of chloral, no reaction follows the profound hypnotic impression, the cerebro-medullary centers being completely overwhelmed and incapable of that physiological rest and rebound which should be the aim and result of all therapeutically induced slumber.

Fifteen grains of chloral in mania, as a general injunction, is bad. A full dose at the right time, when nature is likely to incline most readily to rest, and not more than once repeated, and without previous small, abortive and of course damaging



doses, is better. No experienced alienist would stereotype such a direction for mania and states of high cerebral excitement.

The administration to epileptics of any thing with chloral in it during the time when the patient is going about is also unscientific advice. The same criticism holds good in regard to nervousness and irritability in persons going about. It is dangerous to give chloral to persons who are not in bed, or going immediately to bed, to remain till the effects of the chloral pass off. If this danger is kept in mind, and chloral is only given to recumbent patients late in the day, in the evening or night-time, in a single or, at most, a duplicated dose, nicely adjusted to the demands of the case, no untoward results need ever follow its use.

We should never give chloral for headache or neuralgiae in the daytime, unless the patient should be sadly in need of, and ready to go to sleep.

Chloral imbecility may readily be induced by giving repeated small, ineffectual doses, and it requires large doses to prove effectual in great cerebral or sensori-motor nerve excitement, when the patient is sitting up or going about.—*Editorial, Alienist and Neurologist*, January, 1888.

THE MEDICAL HEALTH OFFICER.—Of all men in all positions who render a service, no man that we can think of is so badly paid as the medical health officer in the United States and Canada. In a few of the large cities he receives a salary, as a rule probably not half as large as the city's legal adviser; while in the great majority of cases, in the smaller municipalities in the different states, in some of which states many boards of health have been organized, he receives so small a sum that, probably in nine cases out of ten, it would be more dignified and satisfactory for him in the end to give his services entirely free. He gives a special service, quite unlike that given by members of health boards and councils; and, far more than this, he is expected to advise and strive for sanitary measures which directly cut off the means by which alone, in the present attitude of the profession, he can obtain a livelihood and bread and butter for his family, and, indeed, probably affecting in like manner the families of two

or three or more of his fellow practitioners.—*The Prophylactic*.

CHLORAL IN DIPHTHERIA.—In cases of diphtheria very excellent results were obtained from the use of chloral. Before using chloral, if the tongue be much furred, Dr. Mercier administers an emetic—preferably ipecacuhana, in powder. He then gives from one and a half to five grains of chloral, in the form of a syrup, every half hour, taking care to give food and drink beforehand, so as to leave the syrup in contact with the throat. The administration of liquids before the chloral prevents the latter giving rise to gastric pain. The drug generally stopped the further progress of the disease, and within forty-eight hours the false membranes disappeared, and the raw surface left was gargled with an astringent lotion. The treatment is only of use in the early stages of the disease, and is without benefit when the larynx has become involved.—*Lond. Med. Recorder*.

COLORLESS COLLODIUM SALICYLICUM FOR CORNS AND WARTS.—The mixture of salicylic acid 30 parts, extr. cannabis indica 5 parts, collodium flexile 240 parts, is objectionable because of its staining property. To overcome this, one or two parts of atropine have been substituted for the cannabis indica, to allay the pain and irritation which in some individuals arises from the salicylic acid. Atropine, however, is not the active principle of cannabis.

A correspondent of *The British and Colonial Druggist*, London, March 10, gives a process for a pale amber-colored preparation, with extract cannabis indica, which appears to be as useful as the green variety. Dissolve the extract in the spirit required for making the collodion, and add as much recently purified animal charcoal as extract; leave in contact three days, and finally filter through paper, and add the ether and pyroxylin, etc., and then the acid.

THE THERMO-CAUTERY, at a black heat, rapidly passed a number of times over buboes, reddens the skin, but does not blister. This is the method used at Roosevelt Hospital, New York, to effect the rapid absorption of enlarged lymphatic glands.—*Weekly Med. Rev.*

# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE

ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.

Editorial Committee:

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A. VANDER VEER, M.D.,

F. C. CURTIS, M.D.

VOL. IX.—No. 5.

MAY, 1888.

\$1.00 A YEAR.

THE death of Dr. Cornelius R. Agnew, of New York, which occurred April 18, took from the profession of this country one of its most conspicuous and important men. He was not prominent alone because of recognized professional ability, although no name among the specialists in ophthalmology was so generally familiar to the people as his, but he filled a large place outside of medicine. He was one of those men whose council was in demand when the event of war brought new and difficult questions for solution; in political affairs he took the interest of a large-hearted, patriotic citizen; in the cause of religion few in the metropolis were more largely concerned in advancing all its interests. He was a philanthropic man, of extensive capacity, whose resources were all devoted to good things. Such men honor our profession, and all men, but especially those of their profession, love to honor them, and when they die sincerely mourn their loss.

## THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

As a result of consultation and correspondence between a number of physicians in different parts of the country, and later of a circular-letter sent to a limited number of medical men, about forty favorable responses were received, and about half

that number of physicians held an inaugural meeting in Buffalo on the 19th of April last, and perfected the national organization of specialists known as "The American Association of Obstetricians and Gynecologists." A constitution and by-laws were adopted, officers were elected, and general forms of procedure were agreed upon.

The first annual meeting of this Association is to be held in Washington, D. C., September 18, 19 and 20, 1888, coincident with the meeting of the Congress of American Physicians and Surgeons.

Albany will be gratified to find themselves well represented in the roll of foundation members by Drs. James P. Boyd, Franklin Townsend, Jr., and Albert Vander Veer, of Albany, men who have risen to eminence in the departments of obstetrics, gynecology and abdominal surgery.

The following is the list of officers chosen: President, William H. Taylor, Cincinnati; vice-presidents, E. E. Montgomery, Philadelphia; J. H. Carstens, Detroit; secretary, William Warren Potter, Buffalo; treasurer, X. O. Werder, Pittsburgh; executive council, Thomas Opie, Baltimore; James H. Etheridge, Chicago; C. Cushing, San Francisco; Melancton Storrs, Hartford; Byron Stanton, Cincinnati; delegate to the Congress of American Physicians and Surgeons,

James P. Boyd, Albany; alternate, Hampton E. Hill, Saco, Me.

Following is the roll of foundation members: Henry B. Allen, Baldwinsville; Washington H. Baker, Philadelphia; Rollin L. Banta, Buffalo; F. E. Beckwith, New Haven; James P. Boyd, Albany; J. H. Carstens, Detroit; N. B. Carson, St. Louis; C. Cushing, San Francisco; J. M. Dunham, Columbus; Joseph Eastman, Indianapolis; James H. Etheridge, Chicago; Hampton E. Hill, Saco, Me.; Edward J. Ill, Newark; George C. Jarvis, Hartford; Thomas Lothrop, Buffalo; Thomas J. Maxwell, Keokuk; A. B. Miller, Syracuse; E. E. Montgomery, Philadelphia; W. H. Myers, Fort Wayne; Thomas Opie, Baltimore; Frank K. Owen, Ypsilanti; N. Owen, Mobile; Joseph Price, Philadelphia; William Warren Potter, Buffalo; Byron Stanton, Cincinnati; A. Stedman, Denver; George R. Shepard, Hartford; Melancton Storrs, Hartford; William H. Taylor, Cincinnati; Franklin Townsend, Albany; Albert Vander Veer, Albany; William H. Wathen, Louisville; N. W. Webber, Detroit; X. O. Werder, Pittsburgh.

#### MEDICAL WORK IN THE UNITED STATES.

Not only physicians, but the general public who enjoyed the addresses of Prof. H. W. Boone, M.D., at the Albany Medical College and at the churches last October, will be pleased to read the following account of his recent visit to America, which we find in *The China Medical Missionary Journal*, published at Shanghai:

While home on a visit last year, the Board of Missions of my church requested me to visit the leading universities and colleges in the United States, and also the medical schools, for the purpose of interesting the professors and students in our mission work in China. This enabled me to visit some of our medical colleges and study their work. While I saw much to interest me in the university work in general, the pages of a medical journal are hardly the proper place for the

discussion of that work, and I shall confine myself to an account of medicine and of medical teaching in the United States.

The first school visited was the Medical Department of Harvard University, at Boston, Mass. This, one of the oldest schools in America, has a long list of honored names. The names of Warren, Bigelow, Bowditch, Oliver Wendell Holmes, and others, have obtained a world wide celebrity and conferred honor on the institution where they have labored. A few years ago the medical school removed into its new quarters. This building has been fitted up in the most elaborate manner to aid the study of medicine; the laboratories for chemistry, physiology, pathology and biology are large, well supplied, and fully fitted for the most elaborate work in these departments, and every care is taken that the students shall have full instruction, and the chance of actual laboratory work for themselves, to enable them to grasp the problems with which modern medicine has to deal. The class rooms are well arranged, and great care has been taken to arrange adequate accommodation in reading-rooms, smoking-rooms, and comforts for the students, so as to make their studies agreeable to them. The museum is very full, and the specimens and anatomical preparations are of the utmost interest, and well repay a careful study of them. The course of study requires three full years of work, with several examinations, oral, written, clinical, and laboratory before a degree is granted. The standard of work was raised years ago, but the classes of Harvard are larger than they were before this change took place.

At the Massachusetts General Hospital I saw a large, fine hospital, standing in its own grounds, with wards for private patients, and larger general medical or surgical wards. Dr. Shattuck kindly took me around his medical wards, where the patients were receiving the most rigid care, and a full staff of resident medical men, dressers and trained women nurses looked after their wants. I was struck with the excellence of the medical work done here, the care in diagnosis and the admirable methods of treatment, the attention to the smallest details and the perfect purity and cleanliness of every thing in and about the wards. The surgical wards contained many most interesting cases; thorough antisepsis was the rule, and the results of treatment were satisfactory. The operating-room was well arranged and well lighted; the large collection of instruments, and their admirable arrangement for immediate use



(as they lay under glass show-cases), was most striking. I had the privilege of seeing operations performed in general surgery and gynecological work by Dr. Maurice Richardson, Dr. Elliott, and other men. Much care was taken in accurate diagnosis; in serious cases the patient had the benefit of consultation among the surgeons of the Hospital. The operations were performed with great care and with thorough aseptic precautions, and the medical students received full and elaborate clinical instruction. I was taken to the county hospital and to several smaller institutions; though the details in these different institutions varied, there was the same evidence of careful, painstaking work. I had the privilege of meeting the leading medical men at their work and also at social gatherings, and was impressed by the evidence of careful culture, of deep interest which they showed in their work, and by their delightful conversation in their hours of relaxation.

At Albany, the capital of the great state of New York, I happened upon them when the members of the medical profession, as well as the medical students, were assembled at the medical college to listen to an address on "Ancient Egypt," by Dr. Grant-Bey, the Egyptologist. A large and valuable collection of Egyptian antiquities was displayed to our view, and the lecturer kept us spellbound while he told us of the manners and customs of that great people. After his address was ended, a number of important surgical operations were performed by Professor Vander Veer and his colleagues. The dexterity of the operators and the thorough way in which the work was done was admirable to behold, and thorough antiseptic treatment was carried out. At the request of the faculty, I addressed the members of the medical profession and the students on the subject of Medical Mission Work in China; and in the evening attended a large reception, when addresses were made.

I next visited Philadelphia, and dropped in upon the meeting of the surgical section of the College of Physicians and Surgeons; the president, Professor Gross, was in the chair; papers were read and discussed and Drs. Gross, Morton, Packard, Brinton, Keen, Roberts, and others, spoke. I noted the earnestness of the speakers, the full reports of the cases which had not turned out well, and the evident desire to gain knowledge rather than to obtain applause, which seemed to pervade the meeting. A most cordial greeting was extended to me, and I visited the Pennsylvania, the Blockley, the Episcopal, the Woman's and the Orthopædic Hospitals, and

attended the clinics at the university, and also at the Jefferson and the Woman's College. I also attended the emergency wards, where patients were brought by the ambulances for immediate attention. I saw surgical operations of every variety—ovariotomy, spaying, for vesico-vaginal fistula, for rupture of perineum, for the removal of tumors, tying of arteries, amputations, for ununited fractures, for hernia, for eye diseases, and orthopædic work. These operations were all performed under the most thorough aseptic conditions; great care and skill were displayed, and I saw several new and important innovations in the routine ways of work. The instruction given to the large classes of students was full and clear, and the colleges were well supplied with all the modern methods for elaborate work. The College of Physicians and Surgeons of Philadelphia is one of the oldest (if not the oldest) medical colleges in America. It is worthily lodged in a noble building, and has a library and museum of great value. I attended a meeting of the college, and after listening to an interesting debate on quarantine, examining some cultures of the alleged germ of yellow fever and hearing the discussion of that question, at the request of the president, Dr. S. Weir Mitchell, I addressed the fellows and members of the college and laid our work and its claims before them.

My next visit was to the "Johns Hopkins" University at Baltimore. This institution has vast endowments, which are spent more in giving most liberal salaries, to attract men of the highest talents to its aid as teachers, than in a grand display of architecture. President Gilman gave me a most kind reception and put me under the care of one of the staff. I visited the libraries, the class-rooms, the admirable laboratories, where no money or labor is spared to have every thing which can conduce to good and elaborate work. Many men are working here who have graduated from other institutions of learning, and are here pursuing higher courses of post-graduate study and of independent personal investigation of scientific problems. I then went to visit the new "Johns Hopkins" Hospital. This institution stands in the midst of large grounds. The buildings are the outcome of an elaborate study of rival plans by a well-chosen committee, and the result is that these buildings are unapproachable by any other hospital buildings which I have ever seen in Europe or America. The elaborate care which has been bestowed on the ventilation, the warming, the lighting, the isolation of the separate buildings,

the separation of each private room from all other rooms, and the excellence of the administrative portions of the buildings, are a lesson to all intelligent students of hospital construction and hygiene. The pathological laboratory attached to this hospital is elaborate and ample in all its details of construction and furnishing for work. It is nearly ten years since this hospital was projected, and it was to be opened soon after the time of my visit. It is palatial, and my one criticism on it is that only the "Johns Hopkins" funds can ever build and carry on such a hospital in the style in which it is proposed to administer it. Professor Welch kindly took me over his pathological laboratory at the hospital, where young men pursuing advanced studies were working under him, and showed me the cultures and the methods of work. It is proposed, when this hospital is opened, to carry on the most careful, methodical and comprehensive methods of work for the investigation of disease, as well as the usual treatment for the relief of the patients. While in Baltimore, at the request of President Gilman, I addressed the university classes and endeavored to give them some idea of what China was twenty or thirty years ago and what it is now, with its prospects for the future, as well as some idea as to mission work and the outlook for that work in the years to come. While in Baltimore, my friend, Dr. Chisholm showed me admirable work in the ophthalmological department. He has a very large outpatient clinic and a hospital with some sixty beds; his results are admirable and most instructive.

My next visit was to Richmond, Virginia, where I met that distinguished surgeon Hunter McGuire, Dr. White, and other eminent men, and saw something of the work done in the southern states. There was much of interest here, and good work was done.

I now returned to New York for a longer period of work. While there I visited the Medical School of the College of Physicians and Surgeons, the Medical Department of the University of New York, and Bellevue Medical College, and contrasted the work of these three great medical colleges. I visited Bellevue Hospital, New York Hospital, the Roosevelt Hospital, the Presbyterian and St. Luke's Hospitals, the Woman's Hospital, and other institutions. The president, Dr. Abraham Jacobi, invited me to address the Academy of Medicine, and I tried to interest that learned body in our work. There are men in New York whose names are known and honored throughout the civilized world for the contributions which they have made to the various branches of medicine, surgery, gynecology, and other departments of medical knowledge. I saw admirable work done in the purely medical branches, and operators whose skill and judgment made it a pleasure to follow them in their work. Any man who has had much personal experience in surgery and operative surgery, must feel delight in following a Sands or a Gaillard Thomas through all the steps of an op-

eration, and must come away from such a clinic with the feeling that he has learned something worth knowing. Post-graduate teaching is popular in the United States, and to a certain degree it fills a want. What the ultimate status of this new departure would be the writer could not ascertain. The Medical School of the College of Physicians and Surgeons of New York is lodged in a noble building, the gift of the late Mr. Vanderbilt. The museum is very fine and the laboratories for the prosecution of pathological studies are fitted up with the most modern appliances for study and investigation. The Medical Department of the University of New York has a fine building, adjacent to which the new "Loomis" building, to be devoted to laboratories for Physiological and Pathological work, has just been completed. The Bellevue Medical School with its fine buildings stands opposite to the college buildings just mentioned. The men who study medicine in New York have thus every advantage for learning—great hospitals, admirable laboratories for work, good museums and libraries, and a large and brilliant staff of teachers. There are other medical schools in the United States of very varied degrees of excellence. I speak, however, only of those which I visited, where, through the courtesy of the faculties, I was afforded every opportunity of seeing the men and their work.

After my experience at the Congress at Washington, where the men of the western and southern states had the larger share of the papers and the debates, and after visiting some of the medical schools in the older Eastern States, one sees the change which has come since his own earlier days of study. Anatomy is more fully and elaborately taught, greater attention is paid to histology and to microscopic anatomy, more stress is laid on pathology. Physiology and chemistry are taught in the laboratory; the student there verifies the facts laid down to him, and he learns to manipulate for himself. Medicine and surgery are taught as rational sciences, and great attention is given to clinical teaching. There is an earnestness among the higher grades of the profession which strikes one; they love their work for the work's sake, and they are fully imbued with the dignity of their profession. They (the successful ones) are well paid, and they live in the elaborate and expensive style of the world around them; they are of the world, and yet, by their profession, they are above it.

One cannot leave America, after his visit, without feeling that much excellent work is being done there, that the leading schools of medicine are well up to the times, and that the standard of medical and surgical work among the leaders of the medical world is a high one. The kindly welcome and the liberal hospitality of America to visitors from other parts of the world is fully carried out by the doctors, and the writer is under a deep sense of obligation for the great kindness shown to him by the members of his own profession.

## BOOK NOTICES.

**LECTURES ON DISEASES OF THE HEART,** Delivered at the College of Physicians New York, by Alonzo Clark, M.D., LL.D., Emeritus Professor of the Principles and Practice of Medicine, etc. 250 pages, octavo. Price \$2.75. New York: E. B. Treat.

It will be claimed by most of his old pupils that Dr. Alonzo Clark, during many years, was the first among the medical teachers of this country; no one will question his being one of the foremost. Probably no single individual has conveyed a larger amount of instruction to others, and made it a part of the common possession of the profession for more than a generation, that he has. But it has all been conveyed orally. The lecture-room and clinic have been his medium; he contributed little to current medical literature, and he wrote no books. This one whose title heads this is the only one of which he was author, and it is posthumous, at least in issue. A short preface, written in 1884, indicates that its preparation was, however, a personal matter of his own. The little volume causes a feeling of regret that the store of knowledge, and of ability to present it, should not have found a permanent form to a larger degree; it also carries a gentle rebuke to those of smaller calibre whose names are displayed on the title pages of pretentious tomes.

A perusal of this book makes it evident that it was taken from his lips and not the product of his pen. A single page at random will take the reader, if he is a "23d street man," back to the old lecture-room. There is all the phraseology, the colloquial style, the easy handling of the subject, that pertain to the extemporaneous lecture. One finds the old form of expression, the accustomed methods of illustration, the occasional play of humor, that characterized the lectures. A marked

feature of Dr. Clark's teaching was its simplicity; he did not assume the pre-existence of knowledge of the subject in the minds of his class. He was also remarkable lucid and systematically orderly in presenting a subject. It goes without saying that the material presented was that of long experience elaborated by a most judicious mind. Altogether his lectures were such as to convey information from his mind to that of his hearers in a way that all instructors would be happy if they could imitate. The printed page always imperfectly photographs the oral expression of a gifted speaker; to all who remember the man, however, those of this little book will have the advantage of suggesting his memory, and to all will be of certain value as a contribution to medical literature.

**PLEURISY AND PNEUMONIA.** By G. M. Garland, M.D. No. 1 of the "Physician's Leisure Library," which is issued monthly; \$2.50 a year, or 25 cents a single copy. George S. Davis, publisher, Detroit, Mich.

A brief summary of the present status of the pneumonia question, particularly in reference to microphytes, without any argument for or against the theories described. In regard to pleurisy, it is encouraging to note the general consensus of opinion as to its treatment.

**ACCIDENTS AND EMERGENCIES.** A manual of Treatment in the Absence of a Physician. By Charles W. Dulles, M.D., Philadelphia. Third edition, enlarged. 124 pages, 16mo, cloth, 75 cents. P. Blakiston, Son & Co., Philadelphia. 1888.

Let this be read through studiously and be kept where it can be referred to immediately. A good index and typography, with bold letters for leading words, make it available for sudden necessity.



**A MANUAL OF DISEASES OF THE NERVOUS SYSTEM.** By W. R. Gowers, M.D., F.R.C.P., Assistant Professor of Clinical Medicine in University College, London. American Edition, issued under the supervision of the author, and containing all the material of the two-volume English edition, with some additions and revisions. 341 illustrations, 1,357 large octavo pages, cloth, \$6.50. P. Blakiston, Son & Co., Philadelphia. 1888.

This fine volume is superior to any thing of the kind that has heretofore been placed in the hands of the medical student. "Times change," "knowledge shall increase," are sayings made emphatic as this is compared with text-books of a few years ago. The illustrations are of necessity new, are very fine, and are printed with unusual distinctness. The student, most truly, has here the means of gaining an adequate conception of the present state of knowledge of the diseases of the nervous system, and the practitioner is here supplied with information needed in his daily work. The author presents the lessons taught by observation, rather than the details of the cases observed, and the speculative is made subordinate to the practical.

**MODERN METHODS OF ANTISEPTIC WOUND TREATMENT.** Compiled from Notes and Suggestions from the following Eminent Surgeons: D. Hayes Agnew, M.D., LL.D., A. C. Bernays, M.D., S. W. Gross, M.D., LL.D., Hunter McGuire, M.D., LL.D., Thos. G. Morton, M.D., N. Senn, M.D., Stephen Smith, M.D., Lewis A. Stimson, M.D., J. William White, M.D. Published by Johnson & Johnson, New York.

The aim of the compilers of this little book, as stated in the preface, is to present concise information concerning the details of the application of the aseptic and antiseptic methods in surgery, and therein supply a deficiency in most of the surgical

text-books, which, on account of the comparatively recent origin of antiseptics, are lacking in this respect. The book contains a short review of antiseptic progress, a table showing the value of various germicides tested bacteriologically by Dr. John E. Weeks, of New York, and a list of the most used and necessary articles needed in the method, with general directions for their application and formulæ for their preparation. It is also stated in the preface that this matter is such as has been sanctioned by a majority of the contributors, and that the exceptions of the minority are noted. The minutiae of the antiseptic treatment of various kinds of ordinary wounds is further described from the first to the last step by the various authorities above named, who seem to have entered heartily into the undertaking. As Messrs. Johnson & Johnson intend to distribute this pamphlet gratuitously to all physicians who may apply for it, they are deserving of considerable credit for work so valuable and interesting to physicians at large.

**PRACTICAL EXAMINATION OF URINE.** By James Tyson, M.D., Professor of General Pathology, etc., University of Pennsylvania. Sixth edition, revised and corrected, with a colored plate and wood engravings. 252 pages, 12mo, \$1.50. Philadelphia: P. Blakiston, Son & Co.

The author has very studiously weeded out from former editions what has seemed not really essential and added new material necessary to make this edition thoroughly modern. In this work an enormous amount of literature, good and bad, has been sifted. The most important additions have been the new tests for sugar by phenyl-hydrazin hydrochlorate, and by alpha naphthol and thymol. This book still stands in the front rank of manuals of this kind.

## ATLAS OF VENEREAL AND SKIN DISEASES.

Sold by subscription only, at the very moderate price of \$2.00 per part. New York: William Wood & Company, publishers.

This large and important work has been in contemplation since 1883, and is now being issued. It is impossible for any one author to furnish from his own collection of cases and illustrations the most typical and at the same time the best and most life-like pictures of the many peculiar forms of these diseases. Prominent among the distinguished gentlemen who have engaged to contribute selections from their collections of original illustrations are Profs. M. Kaposi and I. Neumann, of Vienna. Other names which may now be mentioned are Dr. J. Hutchinson, of London; Profs. A. Fournier and A. Hardy, and Drs. Ricord, Cullerier, Besnier and Vidal, of Paris; Dr. P. A. Morrow, of New York; Dr. Edward L. Keyes, of New York; Dr. Fessenden N. Otis, of New York; Dr. J. Nevins Hyde, of Chicago; Dr. Henry G. Piffard, of New York.

The editor is Dr. Prince A. Morrow, who, in addition to plates contributed from his own remarkable collection, has written the treatise on skin and venereal diseases, which constitutes, besides the description of the plates, the text accompanying them. In this treatise it is aimed to include chiefly those features which are the most practical, omitting in great measure pathological and other considerations, which would be more properly treated of in extended writings, rather than as the adjunct to an atlas.

In regard to the character of the plates, it may be said that they are believed to be superior to any thing of the kind heretofore produced—as accurate in drawing as photographs, and far more distinct, while the coloring faithfully represents nature.

The text is printed from new type, large, clear and handsome, and the paper

is heavy, with a highly finished surface.

This "Atlas" is published in fifteen monthly parts, each containing five folio chromo-lithographic plates, many of them containing numerous figures, all printed in flesh tints and colors, together with descriptive text for each plate, and from sixteen to twenty folio pages of a practical treatise on venereal and skin diseases, the whole forming, when complete, one magnificent thick volume, with seventy-five plates, containing several hundred figures exquisitely printed in colors.

**HYSTERIA, BRAIN-TUMOR, AND SOME OTHER CASES OF NERVOUS DISEASE** By Mary Putnam Jacobi, M.D., Author of "The Question of Rest for Women during Menstruation," etc., etc. 216 pages, octavo. New York and London: G. P. Putnam's Sons. 1888.

This is an indexed volume of seven essays, which the many admirers of their distinguished author will be pleased to possess in such convenient shape. The titles are: "Some considerations on Hysteria," "Tumors of the Brain," "Note on the Special Liability to the Loss of Nouns in Aphasia," "Case of Nocturnal Rotary Spasm," "The Prophylaxis of Insanity," "Antagonism between Medicines, and between Remedies and Diseases," and "Hysterical Locomotor Ataxia."

**THEINE IN NEURALGIA.** A Physiological Contribution to the Therapeutics of Pain. Thomas J. Mays, M.D., of Philadelphia Polyclinic. 84 pages, 12mo, 50 cents. Philadelphia: P. Blakiston, Son & Co.

This essay originally appeared in *The Polyclinic* from September, 1887, to February, 1888. It includes the subjects of the physiological action and special therapeutic indications for the use of theine, and its application in various neuralgias and painful diseases, neurasthenia, spinal irritation, myalgia, locomotor ataxy, etc.

## EXCHANGES, PAMPHLETS, ETC.

*The Asclepiad.* A book of original research and observation in the science, art and literature of medicine, preventive and curative. By Benjamin Ward Richardson, M.D., F.R.S. Longmans, Green & Co., Paternoster row, London; P. Blakiston, Son & Co., Philadelphia; Cupples, Upham & Co., Boston. Subscription for the year 1888, 10 shillings. 100 pages, octavo, quarterly.

*The Australian Medical Gazette.* Edited by the Honorable John Mildred Creed, M.L.C., L.R.C.P., M.R.C.S.E., etc. Double column 8vo, 24 pages monthly, £1 a year. 35 Castlereagh street, Sydney, Australia

*The Indian Medical Journal* Edited by C. W. Shirley Deakin, F.R.C.S., Eng., S.Sc. Cert., Camb, Surgeon Major, Bengal Medical Service. Printed at Lahore. 48 pages, 8vo. Price Re. 1. Editor's address, Punjab, India.

*Quarterly Review of Narcotic Intebriety.* Edited by I. A. Loveland, M.D., Gilsum, N. H. 24 pages, octavo, \$1.00 a year.

*American Veterinary Review.* Edited and published by Prof. A. Liautard, M.D., V.S., 141 West 54th street, New York city. 48 pages, octavo, monthly, \$4.00 a year.

*Good Health.* A monthly journal of Hygiene, devoted to Physical, Mental and Moral Culture. \$1.00 a year. Battle Creek, Michigan, and 48 Paternoster Row, Paternoster Chambers, London, England. An admirable family journal.

*The Prophylactic*, formerly *The Canada Health Journal*. 40 pages, octavo, monthly, \$1.75 a year. Published by M. Playter & Co., 224 West 24th street, New York city.

*Archivio di Pathologia Infantile*, periodico bimestrale, fondata dal Dott. Cav. Guiseppe Somma, Redattori Dott. Meyer V., Prof. Arena F. Napoli, Stabilimento Tipografico dell'Unione.

*Le Progrès Médical*, journal de médecine, de chirurgie et de pharmacie, paraissant le Samedi. Rédacteur en chef: Bourneville; 14, rue des Carmes, Paris. Un an, 20 fr. 24 quarto pages, weekly.

*Archivos de Medicina y Cirugía de los Niños*, organo de las clinicas del Hospital del Niño Jesús, inclusa y colegio de la paz de Madrid. Director-fundador, Dr. Baldomero Gonzalez Alvarez, Doña Bárbara de Braganza, 18, principal, Madrid. Precios de suscripcion, en España, año, 7 pesetas. Extranjero y Ultramar, 10 francos. 16 pages, small octavo, monthly.

*Gazzetta Degli Ospitali*, si pubblica due volte la settimana—Domenica e Mercoledì, Col supplemento mensile; rivista clinica dell'Università di Napoli, Antica casa editrice Dottor Francesco Vallardi, Milano, Corso Magenta, 48. Abbonamento anno, per l'Italia, L 15; per l'Estero, L 20. 8 pages, quarto.

*Journal des Sciences Médicales de Lille*, revue hebdomadaire publiée par un groupe de Professeurs de la Faculté libre de Médecine et de Pharmacie. 56, rue du Port, à Lille. France. Abonnement, Étranger (Union postale) 12 fr.

*Revue de Médecine*, paraissant tous les mois. Directeurs: MM. Ch. Bouchard, J.-M. Charcot, A. Chauveau, Rédacteurs en chef: MM. L. Landouzy, et R. Lépine. Paris: Ancienne Librairie Germer Ballière et cie, Félix Alcan, Éditeur, 108, Boulevard Saint Germain.

*Revue de Chirurgie*, paraissant tous les mois. Directeurs: MM. Ollier, Verneuil. Redacteurs en chef: Nicaise et F. Terrier. Paris: Ancienne Librairie Germer Ballière et cie. Félix Alcan, Éditeur, 108 Boulevard Saint Germain. Prix d'abonnement: pour chaque Revue séparée, un an, Départements et étranger, 23 fr. Pour les deux Revues réunies, 40 fr.

*Archivii Italiani di Laryngologia.* Periodico trimestrale, fondato e diretto dal Dott. Ferdinando Massei, specialista per le malattie di naso, di gola e di petto, Prof. incaricato per l'insignamento di Laringologia nella R. Univ. di Napoli, Stabilimento Tipografico dell'Unione.

*Gazette des Hopitaux*, La Landette française, paraît trois fois par semaine, le Mardi, le Jeudi et le Samedi, 4 rue de l'Odeon, près la faculté de médecine, Paris, France. Prix de l'abonnement, Union postale, un an, 35 fr.

*Rivista Italiana di Terapia e Igiene*, fondata e diretta dal Dottor Galli Giuseppe di Piacenza, Italia. 32 pages, octavo, monthly.

"A Year's Work in Abdominal Surgery, with a Report of Eighty Laparotomies Done in 1887. W. G. Wylie, M.D., New York. *New York Medical Record*, March 31, 1888.

"Operations for Mastoid Disease." Seth S. Bishop, M.D., Chicago.

"The Use of the Curette for the Relief of Hemorrhage Due to Uterine Fibroids." Henry C. Coe, M.D., New York city. *The Medical Record*, Jan. 28, 1888.

"The Significance and Localization of Pain in Pelvic Diseases." Henry C. Coe, M.D., New York city. New York Neurological Society, Nov. 2, 1887.



"Board of Health Report for the Year 1887, Poughkeepsie, N. Y.," to which is appended the Annual Report of the Health Officer, H. R. Powell, M.D. (A. M. C., '83). The report shows much good work done, and includes several interesting tables of statistics prepared by Dr. Powell.

The Child's Hospital, Albany. Twelfth Annual Report for year ending September 30, 1887.

"Studies of Pyorrhœa Alveolaris." By M. L. Rheiu, M.D., D.D.S., New York city. Read before the First District Dental Society of the State of New York, January 18, 1888. Reprint from *Dental Cosmos*, March, 1888.

New York Cancer Hospital. Second and Third Annual Report, 1886-87.

"An Aseptic Atmosphere;" "Club Foot;" "A Rectal Obturator;" "Patatoplasty." By David Prince, M.D., Jacksonville, Ill.

"The Pulley Method of Advancing the Rectus, with Indications for its Employment." By A. E. Priucc, M.D., Jacksonville, Ill. *Ophthalmic Review*, Sept., 1887, and *St. Louis Medical and Surgical Journal*, March, 1888.

"The Three Ethical Codes." Cloth, 55 pages, postpaid, 50 cents. The Illustrated Medical Journal Co., Publishers, Detroit, Mich. The Code of Ethics of the American Medical Association, with its Constitution, By-Laws and Ordinances, brought down to 1888; the Code of Ethics of the American Institute of Homœopathy, and the Code of Ethics of the National Eclectic Medical Society. Of the three Codes, that of the American Medical Association is the longest, and that of the Eclectic Society is the shortest, while much of the Homœopathic is strikingly similar to that of the first named.

"Statistical Report of 5,700 Cases of Ear Diseases." S. S. Bishop, M.D., Illinois Charitable Eye and Ear Infirmary, Chicago.

"The Extraction of Cataract as Influenced by Mycological Development." By A. E. Prince, M.D., Jacksonville, Ill.

"One Hundred and Ten Laparotomies for the Removal of the Uterine Appendages. Sixty-one Consecutive Operations without a Death." W. G. Wylie, M.D., New York. *Annals of Gynecology*, Dec., 1887.

## MEDICAL NEWS.

### AMERICAN PUBLIC HEALTH ASSOCIATION.

This association will hold its sixteenth annual meeting at Milwaukee, Wis., November 20-23, 1888.

The executive committee have selected the following topics for consideration: "The Pollution of Water Supplies;" "The Disposal of Refuse Matter of Cities;" "Animal Diseases Dangerous to Man;" "Maritime Quarantine and Regulations for the Control of Contagious Diseases, and their Mutual Relations."

These will not be the exclusive topics of the meetings, but precedence will be given to papers upon them.

Mr. Henry Lomb, of Rochester, offers two prizes of \$500 and \$200, respectively, for essays on the following subject: "Practical Sanitary and Economic Cooking Adapted to Persons of Moderate and Small Means."

All essays written for a prize must be sent by October 15th to Dr. Irving A. Watson, Concord, N. H., from whom information concerning them or the association in general may be obtained.

The following are the conditions: The arrangement of the essays will be left to discretion of the author. They are, however, expected to cover, in the broadest and most specific manner, methods of cooking, as well as carefully prepared receipts, for three classes: (1) Those of moderate means; (2) those of small means; (3) those who may be called poor. For each of these classes receipts for three meals a day for several days in succession should be given, each meal to meet the requirements of the body, and to vary as much as possible from day to day. Formulas for at least twelve dinners, to be carried to the place of work and mostly

eaten cold, to be given. Healthfulness, practical arrangement, low cost, and palatableness should be combined considerations. The object of this work is for the information of the housewife, to whose requirements the average cook-book is ill adapted, as well as to bring to her attention healthful and economic methods and receipts.

It will be remembered that four essays, the successful competitors for prizes aggregating \$3,000, offered by Mr. Lomb, were printed last year, and are now accessible to the public, either in separate pamphlets or bound together in one volume. We have already made reference to them. Their subjects may be again noted: (1) "Healthy Homes and Foods for the Working Classes," by Victor C. Vaughn, M.D.; (2) "The Sanitary Conditions and Necessities of School Houses and School Life," by D. F. Lincoln, M.D.; (3) "Disinfection and Individual Prophylaxis against Infectious Diseases," by George M. Sternberg, M.D.; (4) "Preventable Causes of Disease, Injury and Death in Manufactories, and Appliances for Avoiding Them," by George H. Ireland, Esq.

They are all of them valuable contributions to the knowledge on their respective subjects, and well worth study. As scientific tracts they are a credit to their authors, and to the public-spirited gentleman who instigated their preparation.

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#### PRELIMINARY PROGRAMME OF AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS.

Meeting to be held in Washington, September 18, 19 and 20, 1888.

1. "Clinical Observations on Diseases of the Testicle." By Dr. L. B. Bangs, of New York city.

2. "Clinical Observations on Chronic Gonorrhœa," and

3. "Two Cases of Cancer of the Semi-

nal Vesicles," with pathological specimens. By Dr. J. P. Bryson, of St. Louis, Mo.

4. "Operative Treatment of Hypertrophy of the Prostate," and

5. "Case of Bowel Ending in the Urethra of a Child Four Weeks Old; Relief by Operation." By Dr. A. T. Cabot, of Boston, Mass.

6. "On the Effects of Rapid Changes of Altitude in an Advanced Case of Interstitial Nephritis." By Dr. George Chismore, of San Francisco, Cal.

7. "Connection between Masturbation and Stricture." By Dr. S. W. Gross, of Philadelphia, Pa.

8. "Operations on the Kidney." By Dr. W. H. Hisgen, of Montreal, Canada.

9. "Syphilis of the Vulva." By Dr. J. N. Hyde, of Chicago, Ill.

10. "The Curability of Urethral Stricture by Electricity; an Investigation," and

11. "The Comparative Value of Suprapubic and Perineal Drainage in Curable and Incurable Bladder Disease." By Dr. E. L. Keyes, of New York city.

12. "The Filaria Sanguinis Hominis in the United States, Especially in its Relationship to Chylocele of the Tunica Vaginalis Testis." By Dr. W. M. Mastin, of Mobile, Ala.

13. "A Case of Perineal Section for Traumatic Retention; Unusual Condition of the Bladder." By Dr. J. E. Michael, of Baltimore, Md.

14. "The Prophylaxis of Syphilis." By Dr. P. A. Morrow, of New York city.

15. "Unusual Case of Urethral Calculus." By Dr. H. G. Mudd, of St. Louis, Mo.

16. "On the Radical Cure of Stricture by Dilating Urethrotomy," and

17. "Demonstration of a Perfected Evacuator, and an Improvement in the Method of Removal of Debris from the Bladder." By Dr. F. N. Otis, of New York city.

18. "Pyæmia as a Direct Sequel of Gonorrhœa." By Dr. R. Park, of Buffalo, N. Y.

19. "Retrojections in Gonorrhœa." By Dr. E. R. Palmer, of Louisville, Ky.

20. "Prostatotomy for Enlarged Prostate at the Age of Forty-two." By Dr. Abner Post, of Boston, Mass.

21. A Case of Removal of Both Testicles for Recurrent Carcinoma," and

22. "A Case of Nephrolithiasis Complicated with Hydronephrosis, in which Lumbar Nephrotomy was Performed." By Dr. F. W. Rockwell, of Brooklyn, N. Y.

23. "Some Points on the Differential Diagnosis of Bladder and Kidney Affections, with Demonstrations of the Cystoscope and other Instruments," and

24. "On the Physiology of the Bladder." By Dr. Alexander W. Stein, of New York city.

25. "Local Treatment of Chronic Urethral Discharges." By Dr. F. R. Sturgis, of New York city.

26. "Some Points on the Etiology of Stricture of the Urethra." By Dr. R. W. Taylor, of New York city.

27. "Operative Treatment of Hypertrophy of the Prostate," and

28. "Spontaneous Fracture of Stone in the Bladder." By Dr. F. S. Watson, of Boston, Mass.

29. "The Relation of the Prostate to Chronic Urethral Discharges," and "The Value of the Tolerance of the Iodides as a Diagnostic of Syphilis," and

30. "Urethral Stricture and Enlarged Prostate in their Relation to Vesical Calculus and Calculus Pyelitis, with Cases." By Dr. J. William White, of Philadelphia, Pa.

#### BY INVITED GUESTS.

31. "The Prognosis of Stricture, Based on Thirty Years' Death Record of Stricture at the London Hospital and the Practice at St. Peter's Hospital." By Dr. E. Hurry Fenwick, of London, Eng.

32. "The Congenital Anomalies of the External Urethral Orifice." By Dr. C. Kaufmann, Zurich, Switzerland.

R. W. TAYLOR, *Sec'y.*

SOCIETY OF PHYSICIANS OF CANANDAIGUA,  
N. Y.—PROGRAMME, 1888.

Annual Meeting, January 5. Address by retiring President, Dr. J. H. Jewett.

February 2, M. R. Carson, M.D., "A New Method of Treating Consumption, with Statistical Report of Eight Cases."

March 1, A. L. Beahan, M.D., "Shock."

April 5, J. H. Jewett, M.D., "Spinal Curvature."

May 3, Written Reports of Cases.

June 7, D. R. Burrell, M.D., "The Duty of the General Practitioner to the Incipently Insane."

September 6, J. B. Hayes, M.D., "Faith Cures."

October 4, N. T. Clarke, Ph.D., "Limitations of Sanitary Science."

November 1, L. C. Adamson, M.D., "Moral or Emotional Insanity."

December 6, R. W. Walmsley, M.D., "Obesity."

O. J. HALLENBECK, M.D., *Pres.*

A. L. BEAHAN, M.D., *Sec'y.*

MICROSCOPICAL SOCIETY OF CANANDAIGUA,  
N. Y.—PROGRAMME, 1887-8.

Annual meeting, June 14.

September 13, Prof. N. T. Clarke, "Chromatics."

October 11, Dr. George A. Lung, "Instantaneous Photography."

November 11, Prof. D. Satterthwaite, "Sun Spots."

December 13, Dr. H. Jewett, "Expert Medical Testimony."

January 10, Dr. M. R. Carson, "Malaria."

February 8, Dr. J. H. Jewett, "Relation of Theory and Practice."

March 14, Prof. William G. Crosby, "The True Mosses."



April 11, Mrs. Z. C. Backus, "The Pollen Hypothesis."

May 9, Dr. O. J. Hallenbeck, "Epithelium Cells."

June 13, Dr. D. R. Burrell, "The Insane Characters of the Bible."

PROF. D. SATTERTHWAITE, *Pres.*  
DR. C. MITCHEL, *Sec'y.*

## PERSONALS.

—Dr. Theobald Smith ('83) gave the first of a course of four lectures on "Bacteria and Their Relation to Public and Private Hygiene," at Cornell University, on Friday, May 4.

Dr. Smith graduated at Cornell in '81, and for the last three years has been first assistant in the United States Bureau of Animal Industry, of which Dr. D. E. Salmon is chief.

Dr. Smith has been able to settle some of the most obscure and difficult questions relating to animal diseases, and has published many independent papers, and the results of his work have helped very largely to give the reports of the Bureau an international reputation. Indeed, so great is the reputation of the work done by the Bureau that special agents have been sent to Washington during the last year from Europe to study the methods of investigation and the results obtained.

The subjects of the lectures are quite different from those given last year, and are as follows: (1) "The Natural Agencies at Work in Destroying Bacteria, and the Use of Heat in Disinfection;" (2) "Chemical Substances as Disinfectants and Antiseptics, with Remarks on the Present Aspect of the Public on Disinfection;" (3) "The Results Obtained by Pasteur and Others in Preventative Inoculation;" (4) "Immunity; Theories Based upon Recent Biological Researches."

—Dr. Eliphalet Nott Wright ('84), Lehigh, Indian Territory, was married April 26, to Miss Ada Belle Richards, daughter of the late Captain S. C. Richards, of St. Louis, a cousin of the late President

Arthur. The groom is a quarter-blooded Choctaw, son of the late Governor Wright of Indian Territory. The couple became acquainted while Miss Richards was a missionary in the territory.

—February 2, 1888, Dr. John A. Cutter, '86, a deputy of the grand officers of the Phi Sigma Kappa Fraternity, established the Alden March Chapter of that fraternity amongst the students and graduates of the Albany Medical College. The chapter will not only do the work of a college fraternity, but will aim especially to help its members in medical studies. The charter members are: R. F. Duncan, B.S., '89; Drs. E. E. Potter, A. F. Hodgman, C. D. Rogers and John Archibold, of '88; A. H. Bayard, Robert Furman, Jr., W. G. Murphy, C. G. Briggs, '89; A. G. Root '90; C. H. Callendar, '89; F. W. Loughran, C. E. Davis, J. W. Rinskern and F. M. Clement, '90; Dr. S. E. Armstrong, '85; J. H. Hutchens, Ph.G., '86; Drs. A. H. Hoadley and A. J. Blessing, '86; Dr. W. G. McDonald, '87; Dr. D. L. Kathan, '86; J. E. Sadlier, '87; A. L. Browne, Ph.G., and Drs. A. P. Van Deinse, James Carr and C. B. Mallery, '86.

TRIPOLI, SYRIA, *March 31, 1888.*

*Dear Doctor:*

I start for the United States April 8th. I have been ill and unable to furnish my article for the ANNALS. Hope to be able to have it ready by the time I reach Albany. I like the new dress, etc. Old Albany has been "born again," is shown by her enterprise in many directions. May you have much prosperity in the new ALBANY ANNALS.

I am your friend,

IRA HARRIS.

# ALBANY MEDICAL ANNALS.

VOL. IX.

JUNE, 1888.

No. 6.

## CLINICAL REPORTS.

### II.

#### TRAUMATIC RUPTURE OF THE VALVES OF THE HEART.

By HENRY HUN, M.D., ALBANY, N. Y.,

PROFESSOR OF DISEASES OF THE NERVOUS SYSTEM AND OF PSYCHOLOGICAL MEDICINE IN THE ALBANY MEDICAL COLLEGE.

[*For Albany Medical Annals.*]

The question whether external violence or a sudden strain of the body can cause a rupture of the valves of the heart is a very interesting one. Theoretically it seems possible that any sudden effort, which causes an intense and universal muscular contraction throughout the body, might result in such a great and sudden increase in arterial tension as to cause a rupture of the delicate semi-lunar valves, especially when at the same time the body, and in particular the aorta, already put on a stretch by the increased arterial tension, receives a violent jar. The result of daily experience, however, shows that such an accident is very uncommon, even in the case of the aortic valves, which are much more exposed to such an injury than the mitral valves. Very few cases of such accidents have been reported, and the cases are extremely rare which show with any probability that healthy valves are ever the seat of traumatic rupture. The following case is one in which a sudden muscular effort seems to have caused a rupture of aortic valves, which had previously exhibited no symptoms of disease.

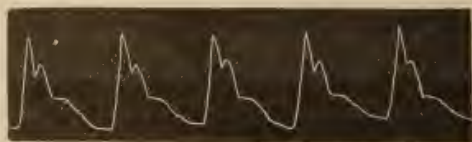
R. O. K., æt. 40. In November, 1883, the patient, who was tall and thin, but muscular, and had always been healthy and had never had rheumatism, lifted a heavy box from a shelf on a level with his head and placed it on the floor. As he did so he felt something give way in the front of his chest, and felt something fluttering and jumping inside of him. He felt so faint and weak that he had to be taken home in a carriage, and was confined to his bed for a couple of weeks. He never was able to resume work, and for the most part was confined to the house, rarely being able to take a short walk. In March, 1884, he fainted and remained in a condition of collapse for several days, recovering from it very slowly. At that time his heart was examined. The area of cardiac dullness was slightly enlarged, and a loud, smooth diastolic murmur was heard over the aortic valves, and was propagated downwards towards the apex. No other murmur could be detected either over the heart or the vessels of the neck. The pulse was feeble and rapid. He had one or two more fainting fits, and on the evening of December 26, 1884 (a little

more than a year after the accident), just after getting into bed, he suddenly died without any warning.

Unfortunately there was no autopsy held in this case, but it seems very probable that the suddenly increased arterial tension caused by the muscular effort of lifting the box down from the high shelf had torn one of the aortic valves; for immediately afterwards he had severe palpitation and symptoms of heart disease, which persisted up to the time of his death. In accordance with this supposition was the fact that the only murmur heard was that of aortic regurgitation, and the lesion could not have been of long standing, as there was no cardiac hypertrophy. Of course, no absolute proof can be offered in this case that the aortic valves were perfectly healthy at the time of the muscular exertion, but certainly up to that time there were no symptoms of heart disease, and ever afterwards such symptoms were extreme. The mere fact that the symptoms of heart disease did not appear till after the accident is not in itself alone a sufficient proof that there was not previously existing heart disease, as is illustrated by the following case.

J. L., æt. 43. In October, 1887, the patient, who was a strong, muscular man, and had always been well, had never had rheumatism, and had never noticed any dyspnoea on exertion, was kicked by a horse. (The scar of the kick still remains over the middle of the left biceps muscle.) He was knocked about ten feet, striking on the right buttock. He was not confined to the house, but did not work for three weeks on account of his arm. At the end of three weeks he resumed work, and then for the first time noticed that his breath was short, and he found that he became so weak

that he was unable to work. He had no palpitation and no pain in the chest. An examination of the patient was made on November 17, 1887, at which time the area of cardiac dullness was much increased, commencing above on second rib, running one inch to the left of the left nipple and one inch to the right of the right border of the sternum. The heart's action was violent. A loud double blowing murmur heard over the whole front of the chest and faintly over the back, being loudest in the second right intercostal space close to the sternum. There was a strong systolic thrill in both subclavians, and a double murmur in the subclavian and also in the femoral on deep pressure. Some fine moist râles at base of chest on both sides. A sphygmographic tracing of the pulse is shown in the accompanying figure. The patient steadily failed in



strength, and suddenly died without any warning on January 10, 1888, about three months after the accident. At the autopsy, which was held thirty hours after death, the heart was found immensely hypertrophied and dilated. Although greatly dilated, the wall of the right ventricle was more than an inch thick. Except for a small calcareous plate at the base of one of the aortic valves, which did not interfere with its function, all the valves were normal, and the muscular tissue seemed healthy. The mitral orifice was dilated, admitting the ends of three fingers easily, and the aortic orifice was decidedly dilated. The arch of the aorta was also the seat of a great but uniform dilatation, and the



intima was everywhere yellow and irregular, like the skin of a rough orange.

In this case the symptoms were due to a dilatation and loss of elasticity of the aorta and an enlargement of the aortic orifice, which were of such old standing that they had caused an extreme degree of cardiac hypertrophy, which in turn had made an apparently perfect compensation for the aortic lesion until after the accident, and probably in consequence of this latter, this compensation was destroyed.

Although the symptoms of heart disease in this case did not appear until after the accident, yet there were many things which made it clear that this was not a case of traumatic rupture of the valves. In the first place, dyspnoea and weakness made their first appearance three weeks after the accident; in the next place, there was a double aortic murmur; whereas, if the aortic valves had been torn, there should have been a regurgitant

murmur only; then, the sphygmographic tracing was not that of aortic regurgitation; and, finally, there was an extreme degree of cardiac hypertrophy, which showed that there was a heart lesion of much earlier date than the time of the accident.

This second case, then, teaches us that we must be cautious in considering cardiac symptoms which appear after a severe injury as necessarily due to the injury, and therefore of a traumatic nature, but it does not in the least invalidate the claim of the first case to be regarded as a case of traumatic rupture of the aortic valves. The question as to the traumatic nature of the first case has a decidedly practical bearing, inasmuch as the patient had an accident insurance policy on his life. The claim, I believe, was never pushed by the family, and was never paid by the company, and yet strong proof could have been offered that his death was due to an accident.

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## INTESTINAL OBSTRUCTION CAUSED BY LARGE ENTEROLITH.\*

By T. KIRK. PERRY, M.D., ALBANY, N. Y.

(*Albany Medical College*, '75.)

In these days of ovariectomies and laparotomies, enterotomies and colotomies; when Taitites, Hegarites and Batteyites stalk abroad; when current medical literature in all climes and tongues fairly teems with articles, long and short, old and original, bearing on subjects like these; when every one and everybody else is striving to join the innumerable caravan, and when all are bent on making the greatest effort of their lives in their attempts to score an impossible seventy-five out of a possible hundred—

when, I say, encompassed round about by facts like these, one has the hardihood to ask any number of medical men to gather themselves together while he exacts from their busy time an hour or more in contemplation of topics so thoroughly disseminated, he must, to draw it mild, have at least the courage of his convictions. To add still more to the uncertainty of my position it can be said with all fairness that a combination of circumstances has prevented any thing like a complete, to say nothing of elabo-

\* Read before the Medical Society of the County of Albany, Wednesday evening, March 14, 1888.

rate, preparation of the subject in hand. However, all harsh thoughts or uncharitable criticisms which might be aimed at the writer had better be saved for those who, more than myself, are responsible for this effusion, and who have probably come here to-night armed *cap a pie* with facts and figures, and only wait the fray. And let me tell you also, gentlemen, that we who are beyond the pale of scientific surgery can enjoy a quiet laugh in the present instance at the expense of our more scholarly and expert consultants; for, had all the names of the possible, and for that matter impossible, causes of intestinal obstruction, as exhibited in this case, been carefully written on slips of paper, put in a box and the whole shaken together, their chances for drawing the proper one as compared with being struck by lightning would have been about equal, if, indeed, not a little in favor of the latter. We will, however, forego all hilarity in consideration of meritorious work on so many another occasion, and draw the mantle of charity; for so good an authority as Bristowe has very generously said that the most experienced practitioners, the most skilled diagnostician, the most careful manipulator, will oftentimes fail to detect an intestinal calculus during life, even though he suspect such to be present.

Seriously, now, an intestinal obstruction, be the cause what it may, occasions on the part of the family doctor and his surgical consultant the most intense interest, serious consideration and gravest apprehension. All remedies fail; no time is to be lost; possibly there can be but one termination, do what we will. The *dernier ressort* offers a chance—a ray of hope. It is taken; but alas! man proposes—it is his prerogative. It ends

there, and another and higher takes it up.

In the present instance, as the sequel will show, the case was a most unusual one—in fact, unique; and, as the actual cause was, indeed, the last thought of, being nothing more nor less than a large calculus, perhaps it would be well to spend a minute with a few well-known authors, before proceeding with a recital of the case.

The best general articles I have been able to find were by Bristowe, Poulet, Habershon, Flint and Bartholow. In the main, all are agreed that of all causes and conditions which might arise to obstruct the bowel, one of the least common, and particularly when beyond the ileo-cæcal valve, is a calculus. Now, by a calculus is meant, not a mass of hair, or seeds, or other foreign material, matted and massed together by inspissated fæces and food, most often found in large intestine, but a hard, almost stone-like mass, of varying size and shape, having always for its nucleus either a gall-stone or cholesterin crystal, or both. These masses are also very generally believed to have formed and remained in the gall-bladder, eventually kindling up a local inflammation, and subsequently ulcerating through into the intestinal tract, as, it is argued, a stone sufficiently small to pass the common duct could hardly, save in very exceptional cases, remain in the intestinal tract long enough to attain any considerable size. That such does sometimes happen is evidenced by recorded cases. Poulet cites an instance of a patient passing a calculus weighing nearly an ounce, and showing afterwards very little constitutional disturbance. Flint tells of a shoemaker who carried a calculus weighing fifteen drachms in the lower ileum for a period of twenty years, during which he worked steadily at his trade,

and suffered only occasionally, at last dying from pneumonia. But such instances are rare, and Bristowe remarks that calculi in the small intestine, having a gall-stone nucleus, and especially occurring before forty-five or fifty years of age, must be classed as exceptions to a very general rule. The specimen which we present is a true calculus, having for its nucleus a gall-stone, and giving every evidence of a long formation, besides which it occurred in a patient less than thirty years of age, and with no clear history of antecedent trouble pointing in this direction. The natural history of gall-stones, their varying size and shape, their formation in some cases to the number of several hundred in an individual case, their passage from the body with little or no inconvenience oftentimes, their retention at others in one or other of the smaller channels, even the liver occasionally, together with the various and many times fatal sequelæ attending their presence, are matters of almost constant observation, familiar to you all, thoroughly elucidated in all comprehensive treatises on the liver and allied subjects, and need hardly detain us longer at this time.

The points of special interest to which I again call your attention in the present case, and which are really worth recording, are the facts that, while for years I had professionally known this party, there never was a time when any thing like a distinct history of hepatic colic or icterus was noted; nor was the presence of an intestinal concretion of any sort or kind ever suspected, the bowel movements being always quite regular, digestion fairly well performed, and freedom from pain the rule.

CASE.—Mrs. X., æt. 29. Married. Native of our state, and mother of five

children, youngest twenty months at time of death. Had suffered a miscarriage at third month some years since. Had known this lady personally and been her medical attendant for the past ten years. She had suffered in her younger days from a severe inflammatory rheumatism, which had left her with a bad and permanent mitral lesion. She was always pale, thin and anæmic, yet possessed of a most wonderful nervous organization, as was exemplified in her last hours. She had always nursed her little ones, besides assuming the entire care of her household matters, and until within the past year had shown little evidence of the wear and tear. In March, 1887, she suffered from severe nervous and physical prostration, being confined to her bed for three or four weeks. Dr. Henry Hun saw her with me at this time, and our conclusions were that she was suffering mainly from an old heart lesion and its various concomitants—anæmia, general anasarca, etc. She rallied slowly, and was once more about, when in May of same year she was again confined to bed. This time there was some considerable gastric derangement, with slight vomiting and furring of tongue, but no special biliary derangement. Œdema of extremities marked and heart's action very tumultuous. The recumbent position, with good nursing and careful treatment, brought about an apparent change for the better, and in two or three weeks she was up and about. She continued to mend slowly as the summer advanced, and with the exception of an occasional complaint of indigestion was quite comfortable. The œdema disappeared, and she really gained a little flesh.

On October 7, 1887, she having passed her menstrual period by about two weeks, the previous history of catamenia being



good, a most violent pain seized her in the left inguinal region, radiating towards the umbilicus. This was accompanied by some vomiting and followed later by slight diarrhoea, nothing, however, significant. Examined her carefully at this time, particular attention being paid to abdominal palpation and digital exploration of vagina and rectum, but with negative results, although admitting the possibility of pregnancy. In a few days she was better, but still confined to her bed. In November and December of same year and January and February of this year, almost identical seizures were experienced, and always at about the regular time for sickness, which latter, save for a slight flow lasting but a day, in January, had never made its appearance since September, 1887. The rational symptoms of pregnancy being absent, I was obliged to confess my inability to satisfactorily account for these phenomena, and I therefore attributed all to the circulatory disturbance, as passive albumen had made its appearance some time before, the heart's action being very bad and our patient confined to the bed most of the time.

On the morning of February 19, having been hastily summoned to her bedside, I again made most careful investigation, but with no definite conclusions. She was at this time having most violent pains in left inguinal region, her feet and limbs were very cedematous, abdomen somewhat tympanitic, and a little nausea. Having decided on a consultation, I spoke to my friend Dr. Townsend, and related the case with the understanding that on the following day we would see her together. In the meantime she grew rapidly worse, it taking large quantities of morphia hypodermically to quiet her, and vomiting began. At first it was

stomachal, then duodenal, and in a few hours stercoraceous. This was to me the most startling and unlooked for surprise, and when morning came I telephoned Dr. Townsend my fears, and an early consultation was had. There could be no doubt as to the condition, though the cause remained obscure, and our conclusion was that an acute intestinal obstruction stared us in the face. Every means was taken to overcome this. Large enemata of warm water, turpentine and lard, olive oil and castor oil, were given. Alternate injections of bicarbonate of soda and tartaric acid were used. I myself introduced a flexible silk tube two feet, and injected two quarts of soap suds. This was returned with negative results. She was then suspended by heels for five minutes at a time, and this procedure repeated, but without effect. The bowels would not move, and stercoraceous vomiting continued. It being evident that the end was near, and no hope of spontaneous reduction occurring, an operation was suggested and decided upon. Desiring that our patient should have every chance for life that our art affords, a room in the Albany Hospital was made ready, and thither she was borne. The journey did not fatigue her much, and after seeing that every comfort was attended to, a consultation was held with Drs. Vander Veer and Boyd. A most thorough and painstaking examination was made by these gentlemen and again by Dr. Townsend, and the conclusion reached that as her condition seemed so good it would be well to await the developments of another twenty-four hours. At the expiration of this period, our patient showing no improvement, an exploratory laparotomy was decided on, and conducted to a safe termination by Dr. Townsend, assisted by Drs. Vander

Veer, Boyd, and a corps of assistants, there being present, also, Dr. Hennessy and myself. The strictest attention to detail marked the operation from start to finish, and save for the prolonged handling and exposure of intestine necessary to locate the lesion, every thing promised well.

The obstructing cause was finally located in the ileum, about ten inches from the valve, and proved to be a very large ovoid-shaped enterolith, completely filling and even distending the gut at that point. It was removed by longitudinal incision, and intestinal rent carefully approximated and sutured. Its weight was 375 grains; length,  $2\frac{1}{4}$  inches; circumference,  $1\frac{1}{4}$  inch; diameter, 1 inch.

I submit the hospital record, kindly furnished by Dr. McDonald, and the story is complete.

Patient was admitted to the Albany Hospital early in the morning of February 25, 1888. A diagnosis of intestinal obstruction had been made. Patient's general condition good. After consultation, a delay was thought best, and treatment by enemata advised. At 11 A. M. an enema (Ol. oliv.  $\bar{3}$  j; aqua,  $\bar{3}$  xij) was given, and returned, bringing away about a half ounce of fæces and a prune skin. During afternoon the flexible tube of a stomach pump was passed into lower bowel two feet, and two quarts of emulsion of olive oil, with four ounces of turpentine introduced. This enema, together with a subsequent one, was returned with a very small amount of fæces. Still another enema was given, but was withdrawn again by tube. Patient vomited stercoraceous matter twice during the day. At 6 P. M., pulse 114. (Patient has an old mitral murmur.) Temperature 101.2° F. Complained of some considerable pain and weakness.

Given, hypodermically, morphia, gr.  $\frac{1}{4}$ ; atropia, gr.  $\frac{1}{150}$ , and a nutritious enema (Spr. vini Gal.  $\bar{3}$  j; beef peptonoids,  $\bar{3}$  ss; milk, q. s.  $\bar{3}$  iij); nutritious enema repeated every four hours. Patient had a good night February 26. Morning temperature 100°, pulse 106.

An exploration was decided upon and done by Dr. Townsend. Immediately after operation patient was put in bed, nutritious enema given, and heat applied to extremities. Patient rallied rapidly; complained of considerable pain, which was relieved by morphia. At 3 P. M., pulse 140, temperature 100.6°. Patient resting well. The enema of brandy was repeated as before operation. At 6 P. M., pulse 126, temperature 102.6°. Ice-bag ordered for neck. At 9 P. M., temperature 103.4°, pulse 136 and feeble, respiration 40. At 10.30 P. M., heart's action very feeble, respiration 50, frothy expectoration, bubbling râles in lower portion of both lungs, slight dullness, vesicular murmur feeble and obscured. Patient given hypodermics of ether and digitalis, but did not rally. At 12 midnight, temperature 105.3°, pulse 160. Patient suffers intensely from dyspnoea, and has become unconscious. Died at 5 A. M., February 27, of pulmonary oedema.

NOTE.—Patient vomited stercoraceous matter once after operation.

#### DISCUSSION.

[REPORTED BY T. F. C. VAN ALLEN, M.D., SECRETARY.]

President TOWNSEND had a distinct memory of the case, and of the regret that the condition of the patient was so deplorable, on account of mitral disease and chronic nephritis. These complications made it a poor case for operation. The feasibility of the operation was proven; it took but fifteen minutes. Care was used to avoid exposure of the intestines. The difficulty was to find the obstruction. The incision was four inches long; and these incisions should be at least four inches; a two inch incision does not give opportunity to make the search that is gen-

erally required. In the case under discussion there seemed to be an obstruction at the position of the sigmoid flexure, but this was found to be a dilated Fallopian tube and diseased ovary. The right ovary was found to be prolapsed. At first he failed to find any thing in the small intestine. Dr. Vander Veer also tried, but with a negative result. Found it to be a good plan to follow up the gut, and by doing this ascertained the obstruction to be about four inches from the ileo caecal valve. An incision was made in the length of the gut and the mass removed. Catgut was used for stitching up the gut, but it was troublesome material on account of its tendency to become twisted into kinks. The loop was returned and the abdominal incision closed in the usual way, viz., the sutures including all the layers. The case was one that should have gotten well, but the heart trouble caused œdema of the lungs, and from this the patient died. There was no peritonitis at the time of the operation; the intestine was not dilated—simply a rosy hue, equivalent to hyperæmia of the part. So the case seemed to promise recovery. The result of the operation in these cases is usually fatal. Dr. Weir saved one case out of eight. Dr. Vander Veer had operated upon five and saved one. Diagnosis is difficult to make. The age of Dr. Perry's patient—29 years—would scarcely lead to the suspicion of gall-stones producing the mischief, for they are generally found in women of fifty and upwards. Intussusception was thought of, but peritonitis is very apt to be present with this. In case of enterolith causing the obstruction, the cases generally prove more rapidly fatal than in other forms of obstruction. The location of an obstruction from an enterolith is usually in the ileum or jejunum, and there was noticeable a fullness at the umbilical region. Had at first thought the obstruction was in the ileum, but on second thought suspected the mass at the sigmoid flexure to be the location of it. This last location became rather doubtful, however, when two feet of tubing were passed without any difficulty. The enterolith weighed 375 grains, and was made up of concentric lamnæ; the center was composed of a large cholesterin crystal, and the next layer was composed of cholesterin arranged in a radiating manner. An analysis showed the presence of bile salts, and carbonate, sulphate and phosphate of lime. The unique point was the age of the patient.

No post-mortem examination was obtained, unfortunately, for this would possibly have shown the course taken by the stone. This

course is seldom by the way of the common duct, but the stone ulcerates its way into the intestine. Other interesting facts might also have been learned, viz., whether the peritoneum had healed in eighteen hours, as it is said to do, and whether the intestine had been perfectly closed.

Dr. A. VANDER VEER said that when the abdomen was greatly distended Kuemmel's operation was the best—to open the abdomen by an incision extending from sternum to pubes. By this the intestines could be gotten at, and the greater facility in finding the obstruction saved time and lessened the exposure. Where there was but slight distention the four-inch incision would answer. By experience one gets hold of many valuable aids. Searching for the obstruction is difficult work. Regarded silk the best material for suturing the gut. Thought there was no question but what the gut was perfectly closed in Dr. Townsend's operation. The heart and also the kidney trouble made the case a very unfavorable one.

He exhibited a number of specimens of large gall-stones which had caused intestinal obstruction. Some of them had been obtained at post mortem. The first specimen was a large stone that had been passed by rectum. It was very rare for so large a stone to pass. Years afterwards a post-mortem was held upon this patient, and the course this stone had taken in ulcerating its way through the intestine could be clearly seen.

The history of the second specimen was this: Attended Mrs. G., aged 63, and found her past history contained these facts: Fifteen years before had been very ill with obstruction of the bowels and peritonitis. She suffered for weeks, and finally passed the specimen shown. Mrs. G. died of disease of the heart and kidneys.

The third and fourth specimens were presented to him some years ago by the late Dr. James S. Bailey. The first case, Mrs. B., died of intestinal obstruction, and the specimen was found in the ileum at the post-mortem. The second case presented the same train of symptoms as Mrs. B., but the patient finally recovered.

The fifth specimen had the following history: Mrs. C., aged 53, had several attacks of gall-stones. In 1881 I saw the case in consultation with Dr. Lente, of Valatie. The patient was suffering with biliary colic and intestinal obstruction. Had been ill with this attack for six weeks. I advised injections of olive oil, and, if these were not successful, laparotomy. This was before the time that laparotomy was so prevalent.



For a short time the patient did better, but afterwards the obstruction became very decided. After the last attack she was thought too weak to bear any operation, and she died after nine weeks of illness. At the post-mortem the obstruction was found to be at the lower portion of the jejunum, where the gut was nearly totally obstructed, and there were evidences of peritonitis. The specimen was a very pretty one.

So far as enteroliths were concerned, he thought it was an extremely rare cause of intestinal obstruction. Cases of intestinal obstruction should have early operation. It is desirable that a number of successful cases should be placed on record, so that the public might be inspired with more confidence.

President TOWNSEND spoke of the manner of formation and growth of enteroliths. It is an interesting subject, but nothing very definite is known. They were thought to be sometimes caused by an accumulation of small gall-stones in the small intestines. These form a nucleus for the deposit of other salts, and the enterolith is formed within a pouch or pocket which it had made for itself in the wall of the intestine. It might start with a large stone that had ulcerated its way into the intestine and lodged at some point, not producing marked obstruction at first, perhaps, but gaining in size until such a condition is reached.

Dr. PERRY remarked that the previous history of the case failing to have presented symptoms of the passage of a large gall stone might be, possibly, accounted for in this manner: The patient had been compelled to spend so much of her time so quietly in bed, on account of the heart trouble, that it was possible the stone might have passed through the common duct, causing but slight trouble, the quiet and prolonged rest

upon the back making any serious symptoms usually produced by such a condition much less likely to occur.

Dr. S. R. MORROW asked if the stone was found in a pouch.

President TOWNSEND replied that was not.

Dr. C. H. CRAWFORD spoke of a case which he was called to see about a year ago. A young man, with a temperature of 102°; bowels had not moved. Gave a dose of calomel, which had some effect, but did not relieve him. Suspected that some sort of obstruction existed. On questioning him, I learned that he had swallowed a peach pit of some size. Examined him by palpation. The walls were very thin, and I had no difficulty in finding the obstruction, and the corrugated surface of the pit could be readily felt. Gave him a dose of castor oil, which brought the pit forth.

President TOWNSEND said the reliability of drugs in cases of intestinal obstruction was not very great. Probably it was dangerous to give a purgative in such cases. Even in the days of Hippocrates such treatment was used, and it was thought harmful to prescribe large doses of mercury, hoping this would pass by the mechanical principle of gravity as well as from its purgative properties. Drastic purgative do harm. Salines may answer. When stercoraceous vomiting sets in, nothing more than a mild saline should be given, as it would be apt to set up inflammatory trouble. He asked Dr. Crawford if there was any stercoraceous vomiting in his patient.

Dr. CRAWFORD said there was not. It was only thirty-six hours after first seeing the patient that he discovered the presence of the peach-pit and prescribed the castor oil. He had tried injections per rectum, but without any successful result.

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## CASE OF FATAL POISONING BY CARBON MONOXIDE.\*

By PROF. WILLIAM P. MASON, M.D., RENSSELAER POLYTECHNIC INSTITUTE, TROY, N. Y.  
(*Albany Medical College, '81.*)

[*Reported by C. M. Culver, M.D. ('81), Secretary pro tem.*]

President Franklin Townsend, Jr., explained that it was in response to an invitation from the society that Prof. William P. Mason, of the Rensselaer Polytechnic Institute, had consented to present the history of a most interesting case of fatal

intoxication by carbon monoxide. The president then introduced Prof. Mason.

Prof. Mason stated that the case was one in which he had been interested on behalf of the prosecution. The defendant was a fuel-gas company in Troy, N.

\* Read before the Medical Society of the County of Albany, Wednesday evening, February 29, 1888.

Y. About a year ago some gas escaped from their mains, and, being breathed by a man, resulted in this man's sudden death. Dr. R. B. Bontecou, of Troy, had made the autopsy. As soon as the thorax was opened Dr. Bontecou placed his face close to the opening, and took a deep inspiration. He instantly experienced vertigo, dyspnœa and acceleration of heart-rate. The disturbance was so great that he was forced to postpone the completion of the autopsy until he had sat half an hour in his sleigh. Prof. Mason was able to procure about 120 cubic centimeters of the blood of the victim. It was of a pink color, which it had conserved to the present time, although quite decomposed. He had made some experiments upon rats and chickens, killing them by confinement in an atmosphere containing from four to five per centum of carbon monoxide. The rats that were perched about on projections from the sides of the cage had not struggled, but nodded and dozed, and then ceased to breathe. The chickens had not behaved quite as they might, on the score of recorded observation, have been expected to, but, in some cases, had struggled so violently as to excite apprehension for the integrity of the cage used in the experiment.

Prof. Mason read Sir Humphrey Davy's account of experiments performed by that savant upon himself with CO, which so nearly resulted fatally.

Then followed a demonstration of the double absorption band furnished by the spectroscope for the blood obtained from the victim of the CO poisoning in question. This was compared with the bands from normal blood afterward artificially poisoned with CO. The bands given by the two experiments were seen to be practically identical in appearance; then

they were compared with that given for blood under the action of a reducing agent. The latter was found to be a single band. Prof. Mason stated that the differential value of this test was great; that by using a comparatively large amount of sulphide of potassium he had been able to so affect the blood taken from the victim of the accident under consideration that it gave a single spectroscopic absorption band, but that the width of this band was exactly equal to the distance between the outer edges of the bands given by the same blood before it was treated with the sulphide of potassium, whereas no other chemical treatment of normal blood, except that by CO, would produce a single band as wide as the distance between the *inner* edges of the characteristic double bands even.

#### DISCUSSION.

At the conclusion of the demonstration, Dr. S. B. Ward moved and Dr. A. Vander Veer seconded the motion, which was unanimously carried, that the society express by a vote of thanks its appreciation of Prof. Mason's interesting paper, and of his kindness in presenting the case history.

Prof. MASON expressed his sense of the honor conferred by the society's invitation.

In answer to Dr. Stillman's inquiry, Prof. Mason said that spectroscopic examination of the blood of chickens poisoned by CO gave results similar to those obtained with the blood examined at that meeting, obtained from the victim of the fuel-gas escape.

Dr. WARD inquired why the gas escaping from a coal fire should be so easily perceptible through the sense of smell if CO were, as described, an odorless gas.

Prof. MASON replied that the odor was due to accompanying hydrocarbons; that CO practically merited its qualification of odorless.

In this connection he said that the defense in the action he had referred to might have asked a question which it would have been difficult to answer, viz.: Since water-gas, used for illuminating purposes, contains thirty per cent. of CO, and the fuel-gas in question only nine per cent.

more, and water-gas was running in mains near the location of the accident, and water-gas becomes odorless after passing through enough earth, how could the prosecution be sure that it was not the water-gas, instead of the fuel-gas, that was chargeable with the death?

In answer to Dr. Thompson's inquiry, Prof. Mason said that CO was lighter than CO<sub>2</sub>, and a trifle lighter than atmospheric air.

In response to other queries, he described the respiration of the rat poisoned by CO as intermittent, gaspy and fitful; the intervals between successive inspirations were of varying lengths. He also called attention again to the extremely poisonous character of the so-called "water gas" now generally used for illuminating purposes.

Dr. WARD referred to a statement lately made in public print that a petroleum lamp, when burning low, gave off more CO than when burning at its full capacity. Prof. Mason said that this was not true, and that there could really not be such a thing as a combustible product of combustion.

Dr. THOMPSON spoke of a case of poisoning by illuminating gas, wherein he had assisted Dr. C. D. Mosher in making the autopsy, and said that the brain had appeared of a pinkish hue when the calvarium was first opened; that the blood generally, had this color, at first, but became darker after exposure to the air for a short time.

Prof. MASON mentioned that the life test had been proposed as a means of determining the impurity of air in rooms; *i. e.*, the placing of small animals on the floor of such rooms and

watching the effect upon them of respiring its air.

President TOWNSEND asked if there was any method by which the system would eliminate CO while life lasted. Prof. Mason replied that it was eliminated in the same manner as CO<sub>2</sub>, but *very slowly*.

Dr. A. VANDER VEEN inquired how CO produced death. Prof. Mason said it was by destroying the carrying properties of the blood.

In answer to Dr. Ward's question as to whether or not, in the case of a rat poisoned by CO, the heart continued to beat after respiration had ceased, Prof. Mason said he had not gone into the investigation so deeply as such an inquiry would imply.

Dr. J. L. ARCHAMBEAULT explained the phenomenon mentioned by Dr. Thompson, of darkening of pink blood upon exposure to air, on the ground that CO oxydizes and becomes CO<sub>2</sub> when exposed to atmospheric air.

Prof. MASON could hardly accept this explanation, as the oxydation of CO would require an increase of temperature of several hundred degrees Fahrenheit.

Dr. VANDER VEEN asked if death resulting from CO intoxication were painless, to which Prof. Mason replied that it was. Dr. Vander Veen, rather in jest, asked if the commission on methods of inflicting capital punishment had taken this means into account. Prof. Mason thought that it would hardly become fashionable, because of the presumable objection to it on the part of the executioner.

## A CASE OF THERMIC FEVER.\*

By W. G. MACDONALD, M.D., RESIDENT PHYSICIAN IN THE ALBANY HOSPITAL.

(*Albany Medical College, '87.*)

[*For Albany Medical Annals.*]

Mr. E. D., æt. 50, a widower, native of United States, and by occupation a laborer, was admitted to the hospital June 6, 1888, with the following history: Had been in the hospital three months before for treatment of a sprained ankle. After leaving the hospital he had been unable to secure employment until the morning of illness. Had lived irregularly and

drank a great deal. On the morning of June 6 he obtained employment in razing an old building. Noticed nothing unusual, except that he did not perspire during the day. About 5 o'clock P. M. he suddenly became unconscious, and shortly after was seized with clonic spasms. The ambulance brought him to the Albany Hospital immediately.

\* Reported by permission of Prof. J. M. Bigelow, M.D., Attending Physician.



His condition was as follows: Pulse very small and fast; temperature  $109^{\circ}$  F. in rectum; respiration 60, shallow and sighing; skin dry and hot; pupils widely dilated; heart's action very irregular; cyanosis marked. Patient in clonic spasms, tossing about and completely unconscious. Sphincters did not relax, nor was there any vomiting. He was given morphia, gr.  $\frac{1}{4}$ , with atropia, gr.  $\frac{1}{160}$ , and brandy, 3 j, hypodermically; stripped and placed on a water-proof bed, ice-cap put on, and his body rubbed with ice and dashed with ice-water. Brandy repeated freely. The thermometer was removed frequently from the rectum, examined, shaken down and returned. After twenty minutes, temperature had fallen only half a degree, when twenty four ounces of ice-water were thrown into the rectum, and external icing continued. At the expiration of an hour the temperature had fallen to  $102^{\circ}$ . Patient not otherwise improved. Was transferred to a dry bed. Ice-bags to neck and spine continued. Although stimulants had been administered freely, the face and extremities became deeply cyanosed, radial pulse very feeble, heart's action la-

bored and irregular. Mustard was applied to precordial space. Cut cupping was attempted at right mastoid, but failed, only a few drops of dark semi-fluid blood being withdrawn. Then the basilic vein was opened, and eight ounces of dark semi-coagulated blood withdrawn. Temperature now fell to  $100^{\circ}$ , pulse and respiration improved. Patient began to swallow brandy and water.

Two hours later temperature again rose to  $107.5^{\circ}$ , and icing again resorted to. An enema of antifebrin, gr. xx, was administered.

At midnight, temperature  $101^{\circ}$ ; pulse 120 and of good quality; patient fully conscious; clonic spasm relieved; cyanosis disappeared.

During early morning, several purpuric spots appeared on the limbs, and he had some hemorrhage from the rectum. Morning temperature  $99.5^{\circ}$ , pulse 90, respiration normal, a slight perspiration.

During forenoon following, patient vomited some curdled milk, and had some diarrhoea. Vomiting ceased after changing diet to peptonized milk.

Since then the patient has done well.

## PARALDEHYDE IN OBSTINATE VOMITING.

By U. B. LA MOURE, M.D., ALBANY, N. Y.

(*Albany Medical College*, '78.)

[*For Albany Medical Annals.*]

Having been in the habit of prescribing, in my practice, paraldehyde in the treatment of insomnia in alcoholism, the patient usually being affected with gastritis, accompanied with obstinate vomiting, I have noticed that the first dose was sometimes rejected from the stomach, but the second, given usually in one or two hours, was almost invariably retained,

notwithstanding the fact that for hours previous to treatment, in the majority of cases, not the lightest form of food or liquid would remain.

It occurred to me that the same remedy might be serviceable in checking vomiting in other cases. I have used it in ovarian irritability with sympathetic stomach disorder, in vomiting of preg-

nancy, and in the distressing nausea of migraine, with the most gratifying results. The formula employed is as follows:  $\mathcal{R}$  Paraldehyde, m. xl; Elix. simp.  $\mathfrak{z}$  i. M. S. One teaspoonful in a little water, repeated in half an hour, if required. This small dose in its effects is

not hypnotic, acts as a sedative not only upon the mucous membrane of the stomach, but also has a tranquilizing effect upon the whole system. But few doses are usually required. The only objection to its use is its disagreeable odor.

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## CORRESPONDENCE.

### SOME IMPRESSIONS OF THE THIRTY-NINTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION, HELD AT CINCINNATI, MAY 8-11, 1888.

The meeting opened Tuesday, in Music Hall, with the usual programme of introductory and congratulatory speeches.

President A. Y. P. Garnett, of Washington, delivered an address on "Medical Education," well written and polished, yet the subject matter and the deductions were disappointing. This is old ground, well trodden, and with which all of us are somewhat acquainted; moreover, many of us do not believe that the German schools are better than ours, judging by the fruits.

Dr. Bartholow's address in medicine and Dr. Moore's in surgery indicated not only the progress which has been made, but gave promise of many future medical and surgical blessings.

The report of the committee on Dietetics, Wednesday, was a prominent feature of the meeting. Dr. E. A. Wood, of Pittsburgh, ex-president of the Medical Society of Pennsylvania, and chairman of the committee, reported that the committee wished the power of adding to its members and the right to organize as a sub-section of Dietetics in which papers may be presented at the next meeting, etc. Dr. Sayre moved that the suggestions of the committee be carried out, and that the association provide a

room in which papers on this subject may be read, all of which was carried unanimously. It is time, as Dr. Sayre said, that the fraudulent foods on the market were disposed of, and that the profession should know of the actual therapeutical value of the department of dietetics.

Dr. Senn's paper, "Rectal Insufflation with Hydrogen Gas as an Infallible Diagnostic Measure in Ascertaining the Existence of Visceral Injury of the Gastro-Intestinal Canal in Penetrating Wounds of the Abdomen, Illustrated by Three Experiments," I wished I could have heard. An old distinguished surgeon of international fame told me that Dr. Senn's work was grand and dramatic.\*

I heard but little of paper reading in the sections. Late Wednesday afternoon I was free to go to the section of Medicine. Dr. Bedford Brown, of Virginia, was closing his paper on "Septic Dysentery." Stress was laid on antiseptic measures, and there was nothing faint-hearted about the treatment he advocated.

The reading of the paper was followed by one by Dr. Cutter, of New York, on

\* See his paper read before the Section of Surgery, Ninth International Congress, Vol. I., p. 435—An Experimental Contribution to Intestinal Surgery, with Special Reference to the Treatment of Intestinal Obstruction.

"Food as a Cause and Treatment of the Neuroses." The gentleman said that his late father, Dr. B. Cutter, had urged him to study the causes of diseases of the nervous system, and this paper was to show how he had been set right by the most original and comprehensive experiments of Dr. J. H. Salisbury with foods on men and animals. He cited from Dr. Salisbury's work, "The Relation of Alimentation and Disease" (New York, J. H. Vail & Co., 1888), the effects of baked beans and oatmeal lived on exclusively by two sets of men respectively, giving the neurotic symptoms only, such as ringing in the ears, dizziness, bad dreams, colics, pricklings, heaviness of feet, unsteady gait, etc., and that all these symptoms were removed by diet of broiled beefsteak, coffee and tea. He also cited from Dr. Salisbury's work some of the experiments of feeding hogs to death on distillery slop, giving the neurotic symptoms. Abstracts from the prize essay by W. A. Hammond, M.D., before the association in 1859, on "The Relative Value of Albumen, Gum and Starch," were made by the reader. This paper of Dr. Cutter's seems to show that there is more light and hope to be had in the treatment of the neuroses.

My own particular work was to assist Dr. Cutter at this meeting in his demonstration by the lantern of plates on the clinical morphologies.\* The plates used did not by any means cover the subject; but, for that matter, when will any science be actually complete that has any thing to do with medicine?

The demonstrations were: The blood in health and in pretuberculosis, tuberculosis, rheumatism, fibræmia, thrombosis, embolism, anæmia, syphilis, eczema, and

fibrous consumption; the morphology of the sputum in tuberculosis, asthma, diphtheria, croup and in other conditions which cannot be named, as the nomenclature of medicine to-day is not exact.

One plate which attracted much attention was made from a direct photograph of diphtheria spores. Dr. Cutter said that some ten years ago he removed some diphtheria membrane from the uvula of his daughter, dead of this awful disease, though he had done all he could, even performing a tracheotomy. He put the specimen in a bottle of pure carbolic acid, and three and a half years later, having a room in which he could project by sunlight on a screen, he prepared a specimen from this membrane, and found that the spores were still living. He said he considered it was about time to stop, as he did not want to risk his life, and so took the photograph and closed his investigations.

This is very strong evidence that we must not confine our studies to the action of germicides on bacteria, micrococci and bacilli, but to the higher forms of microbial life, as the spores and mycelial filaments.

It would also seem that to America will be given the honor of working out many of these phases of morphology; for, as far as I can find out, Salisbury antedated Koch's discovery of the bacillus many years, but did not stop with this baby form, but so worked up the disease by synthesis and analysis that to-day phthisis is not only a curable disease, but may be diagnosticated by the blood morphology from six to twelve months before the lung tissues are invaded. This is only a statement of my actual daily medical work, and is given here as an impression on the minds of others at this meeting.

\* See Partial Syllabic Lists of the Clinical Morphologies of the Blood, Sputum, Fæces, Skin, Urine, Vomitus and Foods, by Ephraim Cutter, M.D., New York. Published by the author, 1730 Broadway. 1883.



The other morphologies illustrated were of the faeces, urine, skin and foods. In the last, attention was directed to infants' foods, so-called, flours, drinking waters, various vegetables, etc.

These plates were made either from microphotographs (some taken with the  $\frac{1}{30}$ th and  $\frac{1}{75}$ th inch objectives) or from micrographical drawings.

The association was very well entertained by the profession and people of Cincinnati. On Tuesday night was given an informal reception at the Burnet House, and Wednesday evening a formal

reception followed at the Art Museum. Thursday evening the Apollo Club, assisted by Mrs. Lawson and a full orchestra, gave us a most delightful and refreshing concert. Such a performance New York or Boston would be proud of.

I understand that there was some breeze raised by a motion to prohibit any more exhibits by druggists, instrument makers, etc. The motion was lost.

The association elected W. W. Dawson, of Cincinnati, president, and adjourned to meet on the first Tuesday in June, 1889, at Newport, Rhode Island.

#### OPERATIONS FOR STONE—FIVE CASES.

Ira Harris, M.D. (A. M. C., '81), Tripoli, Syria, in a letter to a member of the publishing committee of the ANNALS, narrates the following cases:

CASE I.—November 17, 1887. Male, aged 75 years. Symptoms of stone had existed for eleven years; severe cystitis; great amount of pus in urine; intense pain in the end of penis; desire to urinate every few minutes; did so with great difficulty; would lie on his back and strain, but could only pass water in drops; then in despair would kneel on the ground, and after some time he would succeed in emptying his bladder. Lateral lithotomy, operation lasting fourteen minutes. Stone composed of oxalate of lime, covered with numerous small spines; weight 475 grains. Complete recovery in seventeen days. "I go home a young man," was his parting salaam.

CASE II.—December 8, 1887. Boy, aged four years. Symptoms of stone two years. Passed a Thompson's searcher; distinctly heard the click of the sound as it touched the stone, as also did my assistant. Lateral operation for lithotomy was done, and the stone was felt, but when I passed the small forceps, I could find no stone. We searched diligently, but it had disappeared, and it will always

be a perplexing thought where that stone went to. The boy made a quick recovery, and, as all symptoms have entirely disappeared, I have reason to believe that it was a small stone, and was carried out of the bladder by the gush of urine, which was quite profuse.

CASE III.—January 5, 1888. Boy, aged one year and eleven months. Incontinence of urine since three months old. Did the lateral operation. Removed a phosphatic calculus weighing 70 grains. Time of operation five minutes. Recovery in thirteen days.

CASE IV.—January 22, 1888. Male, aged 17 years. Had suffered terrible torture for the past seven years. Very weak and debilitated; had the appearance of an old man. Very desirous for an operation, preferring death to present suffering. I saw the boy two years ago in his village, eleven hours from Tripoli. I diagnosed stone, and advised him to come to Tripoli for an operation. He did not come, for soon after he was too ill, so all these weary months he had been waiting patiently for me to come and relieve him. Six years ago he was the victim of a traveling quack. The story is so humorous I will take the time to tell you of it. One day the people of

his village were notified that a great doctor of magical powers was coming to see them. All the sick were anxiously waiting for him to come. The stories of his wonderful cures had so interested the sheikh of the village that he invited the doctor to make his home with him during his stay. It took a good deal of persuading (?) to induce him to come. At last he came, and the boy was the first one to feel the powers of the "magic doctor." He diagnosed stone in the bladder. It did not require much skill to do this, for in this case the symptoms were so marked that any one with a very little knowledge of the disease could tell him he was suffering from stone. Well, the boy must be relieved, but how? "Without pain and without one drop of blood," for a modest sum (equivalent to \$19.50). The boy's people were very poor, and the sum the man asked was a fortune to them; so the sheikh and others subscribed the sum, and the following was the technique of the operation. First a linen cloth was spread over the boy's body, he lying on a low table. The man took from his turban a box containing a white powder, putting a small quantity of it on the palm of his hand. "This is the medicine given me by the father of magic," he explained (who he was he did not say), "to be able to cut into the human body without giving pain or shedding of blood." You can imagine the awe-struck people, who are naturally superstitious, standing by and taking in all he said. The man put his hand under the cloth and vigorously rubbed the powder on the boy's abdomen for several minutes; then from his packet he took a large knife and a huge hook. So large was it that the sheikh told me he thought the man was going to take out the boy's whole viscera. At the appearance of these instruments the boy's mother and friends set up a howl that was dreadful to hear, but the man soon quieted them. He passed both hands under the cloth, and apparently was wrestling with a mighty foe. Suddenly something was heard to drop on the stone floor, and the man with a shout of triumph held up, so

all could see it, a large calculus. Then the people surrounded the "magic doctor," kissing his feet and hands. He took all this display with becoming modesty, and placed his hands on the cloth so no one could see the deception, wrapped the cloth about the boy, tying it with stout twine, warning the mother that if she as much as attempted to remove the cloth before fifteen days had expired the boy would surely die, and emphasized his words with language such as only Arabs can use. After the sheikh had time to recover from the spell that seemed to hold him, he told the man that unless he could see the wound he would not believe any thing was done. But the man was equal to the emergency, for with all the power the sheikh had over his people he could not get them to permit him to remove the cloth. The "magic doctor" did a flourishing business, and took from the people some two hundred dollars for "operations" and medicines. The ones who were "operated" upon lost their money, for they received no benefit, as all was without pain or loss of blood. The medicines did some good, for they were of the nature of tonics, blisters and cathartics. When no more money could be made, the man took his departure. Just as soon as the man left the village the sheikh insisted on removing the cloth from the boy. The poor mother gave up her boy to die, so sure was she that he would; others looked on with sorrowful faces. The sheikh almost fainted with excitement, a little fearful he was not doing just the right thing. But his lordly pride would not permit him to fail in a thing once decided upon, so with a quick motion off the cloth came, and behold! nothing could be seen. It would have fared badly with the "magic doctor" if he had been present. The sheikh told me it was wonderful how many of his people said they knew all the time the man was a fraud.

I operated by the lateral method; time ten minutes. I had some difficulty in getting the stone from the bladder. It weighed 532 grains. The young man is

doing well, and thinks he is on the way to recovery.

CASE V.—January 27, 1888. Boy, aged three years. Symptoms of stone

for two years. Lateral operation; calculus weighed seventy grains, and consisted of oxalate of lime. The boy is in excellent condition.

#### EXTRACTS FROM A LETTER RECEIVED FROM DR. GRANT-BEY, CAIRO, EGYPT.

The friends of medical literature, will regret to learn, through Dr. Grant-Bey, of Cairo, that the Arabic journal there, called the *Shifa*, has been suppressed by the government, having incurred its displeasure. First the subscriptions were withdrawn and then finally, notice of suppression was served. The article which was offensive to the British government in Egypt was an account of a visit by Virchow on Dr. Grant-Bey, in Cairo, written by the latter, and discussing the nature of cholera and the necessity of strict quarantine on every arrival from India.

The official or political opposition to the views of Dr. Grant-Bey is influenced by commercial reasons, to the total disregard of the requirements of public health. Rather than risk disastrous consequences to British trade, the need of proper quarantine must not be broached even for scientific consideration in a medical journal!

Dr. Grant-Bey, in commenting on the loss of the journal to Egyptian medicine and the British government officials in Egypt, goes on to state:

What I contend for is truth and justice and the advancement of Egyptian medicine; but, as one and all of these objects are apparently incompatible with British policy, I am looked upon by the officials as a pestilent fellow, so they have cast me out. I fear, however, that whether within or without the sacred circle of officialdom they will find the pestilence continuing as long as they persist in tyrannizing over the right of private judgment and conscientious principles.

Prof. Virchow and Dr. Schliemann are here just now. Dr. Schliemann preceded Virchow by a week or two, which he spent in excavating on the ruins of ancient Alexandria. During that time he laid bare part of the foundations of the palace of the Ptolemies, at a depth of forty-five feet from the present surface. It was said that he had come to unearth the sarcophagus of Alexander, but I fear that has been done in ages long gone past, as his coffin is said to have been made of pure gold, and there have been many gold seekers before the time of Schliemann.

Owing to the death of the aged emperor, both Virchow and Schliemann refused the banquet offered them by the Khedivial Geographical Society, as well as the *soirée* offered by me. They came, however, to my house and spent two hours in looking at my collection of antiques. Virchow accepted the invitation to a Turkish supper given in his honor by Dr. Salem Pasha. Dr. Schliemann was also present. We were fifty in all, seated at six different round tables. At table No. 1 we were seated thus: On Salem Pasha's right was Virchow, and I was on Virchow's right, then came Dr. Hess (a Swiss), then Dr. Wildt (a German), then Dr. Milton (director of the Qasrelaimy Hospital), then Dr. Sidky (sub-director of the Sanitary Department; then came on Salem's left Green Pasha, director of the Sanitary Department. At table No. 2 were Dr. Schliemann, Dr. Abtate Pasha, Hasson Pasha. We had to eat *a la Turque*—i. e., with our fingers. One of the center dishes was a whole roast lamb, which we devoured like so many vultures. Spoons were used for the liquids, but otherwise one had to manage with his fingers and bits of bread. The guests consisted principally of native doctors; still there were some fifteen



European doctors altogether. I had unfortunately to leave the supper table to go to entertain my own guests, as I had my usual Wednesday evening archæological *soirée* to attend to, when I devote two hours to an Egyptological lecture in my museum to from fifteen to twenty people. I commenced these weekly entertainments during the winter of 1886-7, and continued till my departure for America, and as soon as I returned I recommenced them, to the delight of many of your countrymen and countrywomen.

On the 2d of April the new Egyptian Medical Society was inaugurated by Arbin Pasha, the sub-minister of public instruction. Dr. Salem Pasha is the president, Dr. Hasson Pasha is the vice-president, and Ibrahim Bey Mustafe is the secretary. This society is to be managed by the natives themselves, and it shows that the efforts of those who have been trying to rouse them out of their

sleep have not been in vain. At the inauguration I delivered a speech in Arabic, to the no small satisfaction of my friends and to the astonishment of those who may be styled the unfriendlies. I have been allowed to enroll myself as a member, and I mean to go to every meeting and encourage them as much as I can. They are naturally very timid, and lack independence as well as unity amongst themselves. At the meeting of last night (13th April) Dr. Virchow came and delivered a speech in German, which was translated by Dr. Salem Pasha, paragraph by paragraph, into Arabic. There was an audience of about two hundred, so that a good many were not medical men.

We are fighting a big fight here, and the powers that be find us rather tough gentlemen to deal with. What they want is to have the medical journals in their own hands, as there is more dirty work to expose than they care to have exposed or remedied.

## ABSTRACTA.

SUCCESSFUL TREATMENT OF SYPHILIS.—  
By George Howe, M.D., New Orleans, La.

Among those cases which have come under my care are two which may be of more than usual interest.

Mr. B. C. had been suffering from syphilis for nearly six years. He had been repeatedly mercurialized, iodized, and gone through a regimen heroic in the extreme. Iodide of potassium, seven hundred grains daily, was taken for some time.

When he came to me his condition was such as would have enlisted the sympathy of any one. About five feet eight inches in height, and weighing one hundred and fifteen pounds; a countenance expressive of suffering; impaired digestion by day and osteoscopic agony at night. He was persuaded to use *Succus Alterans*, 3 ij doses three times daily. A few days after, he returned and desired some relief from the pains, nocturnal and diurnal, caused by nodes in formation and those already fully developed. He was advised to use a four per cent. solution of cocaine hydrochlorate, painted over each seat of pain, and half

an hour after its application to paint the same surface with tinct. iodine. It was not necessary to use it more than once during the night, except upon one occasion. This treatment gave such relief as to permit its being discontinued after about ten days. He was also advised to use potas. iodide, five grains with each dose of *Succus*, for one month; then the potas. iodide was dropped and the treatment confined to *Succus* alone. At the end of the second month he began the maximum  $\bar{3}$  ss dose (Feb., 1887), and kept it up till September, then at my suggestion reduced the dose to 3 j three times daily.

About November 20, 1887, he returned to New Orleans and called on me. I did not recognize him in his improved appearance. He has never suffered from the osteoscopic pains since nearly eleven months, has increased in weight, and his complexion and general appearance indicate a return to health. He will continue *Succus Alterans* for six months longer in  $\bar{3}$  ss doses twice daily for two months, then very gradually reduce to 3 j twice daily.

Mr. G., an Isrealite, of this city, came under my care in December, 1886, then in the secondary stage, with characteristic eruption, sore throat and alopecia. Had been thoroughly salivated, and, thus disgusted with that course of treatment, was at once ordered Succus Alterans in 3j doses three times daily for two weeks, then increased to 3ij doses for another two weeks, then 3iij doses for one month, then 3ss doses three times daily, which was continued for about four months, and with such complete success that I reduced the doses one-half. While taking this dose he again contracted syphilis—two chancres, followed by fever, eruption, sore throat and loss of hair, thus demonstrating his complete cure so far as the first poisoning was concerned, as it is now an accepted fact that no one suffering from syphilis can be re-inoculated with the same poison. Treatment was resumed, with cure in about six months.

In no case have I found recourse to mercury necessary.—*Atlanta Med. and Surg. Journal*.

[Succus Alterans, made from the formula of Dr. Sims, by Eli Lilly & Co., Pharmaceutical Chemists, Indianapolis, Ind., is a concentrated fluid, each ounce of which represents a like amount of the green drug. Hence, the remarks of our correspondent on page 138, May number, as to the strength of the Succus Alterans, are due to lack of information. We have reason to believe that no preparation can be more carefully or honestly prepared than this same Succus Alterans, which has won favor wherever tested.]

ANTISEPTIC SUPERSTITIONS.—Dr. Alfred S. Gubb (*The Medical Register*) says: "The more one looks into the subject, the more one is disposed to question the value of antiseptics as such. Bacteria have been found to thrive in a ten per cent. solution of carbolic acid—a stronger dose than could ever be brought to bear on a wounded or abraded surface for more than a short time, and, more recently, the gravest doubts have been raised as to the value of that pet antiseptic agent—iodoform. Its antiseptic qualities being impugned, its familiar but disagreeable odor will probably insure its relegation to the limbo of deceased remedies. Experience shows that antiseptics as a class, in doses

which it is safe to use, only retard putrefactive changes, and this often only to a trifling extent. The prompt and instant removal of materials liable to undergo putrefactive changes is the only real protection against their taking place, and agents which only retard the process are apt to prove a delusion and a snare. When we turn from the employment of disinfectants and antiseptics in surgery to their domestic use, their arrant futility, except for temporary and strictly localized conditions, is more striking than ever. The sprinkling of a diluted solution of carbolic acid, or Condy's fluid, or the placing of a little chloride of lime or other preparation in a saucer, is and must be absolutely without importance. Deodorizers they doubtless are, but this quality is not an unqualified advantage. Like salicylic acid in milk, they may serve to mitigate the effect of want of cleanliness, but for that very reason their use is to be deprecated, since without them a determined effort might be made to insure purity of air by the removal of the causes of contamination by proper ventilation. The sooner the real facts of the matter are ascertained and freed from their semi-superstitious surroundings, the more rapidly will the fundamental principles of absolute cleanliness be understood and practiced."

BOILED WATER AS AN ASEPTIC.—Microbian cultures flourish in the most concentrated solutions of carbolic acid; and this is also true of sublimate solutions actually as strong as usually recommended. The accidents occasioned by corrosive sublimate, by carbolic acid, and even by iodoform, are so frequent and so well known in the meantime, that one cannot too warmly urge upon surgeons the use of simple water, which after filtration and boiling at 100° C., or better at 120° C., if one has the proper apparatus, is certainly the best aseptic we have at our disposition. While solutions of hydrochlorate of morphine for hypodermic use, made according to the old method with distilled water, are full of micro-organisms and of microbes at the end of five to ten days of use, they are preserved pure and perfectly limpid during weeks, or even months, if water be employed which has been filtered and boiled.—*Gazette de Gynecologie*.

**DELIRIUM TREMENS.**—The indications are to remove the pent-up secretions, to excite the secretory organs, and thereby remove the sources of the poison, as well as to eliminate that already generated from the system. To accomplish these ends, calomel in large doses is almost absolutely infallible. Large doses of cayenne pepper attain indirectly the same end. But in a case recently under my care, in which other physicians had failed to produce sleep, or even quietude, by morphia, opium, chloral, bromide of potash, paraldehyde, etc., pepper also failed, when twenty grains of calomel, followed by a large dose of sulphur in four hours, produced calm and refreshing sleep in six hours, from which the patient awoke to discharge an unusually large quantity of bile, with prompt relief of all his troubles.—*Dr. J. B. Anderson, Gaillard's Med. Jour., May, 1888.*

**HICCUP AS A SYMPTOM IN ACUTE DISEASE.**—B. W. Richardson (*Aselepiad*) says: It has occurred to me that of late years hiccup is not so common a symptom as it formerly was in cases of acute disease. I never got from any source a good explanation of the cause of hiccup, nor of the reason why it should ever form part of the closing phenomena of life. Sir Thomas Watson attached great importance to this symptom; and, in one case in which we were both concerned, the persistency of an intractable hiccup was the basis of his prognosis—which unfortunately proved to be too true—that the result would be fatal. In pneumonia, in peritonitis, in typhoid, it was a very frequent and unpleasant sign, whilst in some other diseases, equally acute and equally dangerous, it was rarely seen. I never saw it in acute cholera nor in scarlet fever, nor, singularly enough, not once in fatal collapse from obstruction to the course of the blood through the heart. I am led to believe that hiccup indicates some special disturbance of the pneumogastric, and that its presence indicates serious gastric or pulmonary lesion if it be frequently recurrent or persistent. My special object at this moment is to refer to the fact, if the observation be correct, that the symptom is ceasing to be as common as it was. It seems to me that the cause of the comparative absence of the symptom is the

reduction in treatment of the large quantities of alcoholic stimulants that were formerly administered in acute disease whenever the powers of life began to fail. We know how alcohol excites hiccup in persons who are supposed to be healthy; and I have not the slightest doubt that, in the worst examples of it remaining in my memory, the symptom was sustained, if not originally excited, by the use of stimulants. In our blindness of mind we were led actually to administer alcohol in order to cure a symptom which it so easily produces, that its action, in this respect, has become a vulgar illustration of its potency. In other words, we produced what Dr. Alfred Carpenter has so aptly called "drug symptoms," and confounded them with the symptoms naturally incident to disease.

**ABDOMINAL PRESSURE IN HYSTERIA.**—Dr. A. M. Dokhman, in a note communicated to the *Russkaya Meditsina* on the arrest of hysterical paroxysms by pressure on the "ovary," points out that the treatment is by no means new, as blows on the abdomen used to be administered by means of iron instruments in the Semedarski epidemic, and were employed very largely by Goltz as early as 1727. He suggests that, although pressure is made over the region of the ovary, it does not appear that the ovary had much to do with the effect produced, for similar pressure is efficacious where no ovary exists—that is to say, in male patients. He is disposed to compare the effect to that produced by compression of the carotid artery, which will sometimes arrest a paroxysm, and he suggests that the sudden stimulation of the splanchnic nerves may produce an alteration in the vaso-motor relations, and in this way may cause the arrest of the paroxysm.—*Lancet.*

**SALICYLIC ACID FOR TAPE-WORM.**—Dr. Jenkins reports a case wherein the ordinary anthelmintics failed of effect, and he then concluded to give salicylic acid. The boy was given eight-grain doses every hour until five doses were taken, a dose of castor oil preceding and one after the last dose of the acid. The result was that the worm was expelled entire with the operation of the oil.



**LESIONS OF THE PANCREAS IN DIABETES MELLITUS.**—In continuation of a former communication on this subject, the author relates the histories of four cases in which autopsies were obtained, which are thus summarized:

Case I., man of forty—Polydipsia and polyphagia; polyuria with glycosuria; anaphrodisia; debility; pulmonary tuberculosis and death. Atrophy of the pancreas by obliteration of its duct—no calculus; fatty degeneration of all that part of the Parenchyma behind the obliteration.

Case II., woman of forty-five—Diabetes with emaciation; gingivitis with loss of teeth and alopecia. Obliteration of the pancreatic ducts by a hard calculus the size of a pea; fibro-fatty degeneration of the pancreas.

Case III., man of twenty-nine—Polydipsia and polyuria; polyphagia with glycosuria; sexual impotence; debility; pulmonary tuberculosis and death. Fatty atrophy of the pancreas.

Case IV., man of fifty-one—Polydipsia and polyuria; polyphagia and glycosuria; purulent pleurisy and death. Atrophy of the pancreas.

Of fourteen fatal cases observed by the author, two had calculous obstruction of the pancreatic duct; one had obliteration of the same duct, without known cause; nine had acute or chronic degeneration of the pancreas similar to the change in acute atrophy of the liver, and two had sclerosis of the organ, with dilatation of the pancreatic duct.

The author has seen lesions of the pancreas so often in saccharine diabetes that he has ceased to consider them as complications, but looks upon them as etiological factors.—*Lancereaux, La France Méd.; Med. Analectic.*

**SPONTANEOUS SUBSIDENCE OF CHRONIC HYDROCELE.**—P. E. N., aged 65 years, farmer, habits temperate, general health good, applied for treatment for chronic hydrocele. He gave the following history: About four years ago he rode very fast, some distance, on horseback without any saddle. Soon after he began to feel sore as if his perineum was bruised.

About two months later a perineal abscess was developed, which was not opened, but suffered to go to spontaneous rupture.

The abscess soon got well, but some enlargement and tenderness of one testicle followed.

This condition persisted without notable change for about twelve months, when the scrotum began to enlarge and tenderness to subside. He applied for treatment about four years from date of first injury and about three years from date that fluid began to accumulate. The tumor was about the size of a large cocoanut, and tension of skin very great. It was aspirated with small hypodermic needle, and fluid found to be almost clear, but of a slightly yellow tinge.

The point of interest is in the fact that when I went to operate a few days later there was no tumor there. The tissues on that side of the scrotum were considerably thickened, and that testicle somewhat enlarged, but the skin tension was gone, and a very relaxed condition instead. The scrotum about one-fifth the size it had been a few days before. The patient, an intelligent gentleman, said there had never before been the slightest decrease in its size, that it had persistently grown larger and the tension greater.—*Dr. J. T. B. Berry, in New Orleans Med. and Surg. Jour.*, May, 1888. [See case of Spontaneous Cure of Hydrocele of the Cord, *ALBANY MEDICAL ANNALS*, May, 1888.]

**SULPHUR IN SCIATICA.**—Dr. Duchesne lately communicated to the *Société de Thérapeutique* his successful use of this medicament in sciatica, following directions given to him by Dr. Guéneau de Mussy. The procedure consisted simply in spreading a thick layer of flor. sulphur upon a cloth and placing the member on it in bed. The cure was said by Dr. de Mussy to be effected with great rapidity, and he cited a case in which the application needed to be made during one night only. No attempt was made by Dr. Duchesne to explain the action of the sulphur; he said simply that its only visible effect, apart from that made upon the sciatica, was to quickly give the urine an odor of sulphuretted hydrogen.—*Monit. therap.*

**BROMHYDRATE OF CONICINE IN IDIOPATHIC TETANUS.**—Dr. Demme, of the Berne Hospital for Children, cites cases of cure with this medicament. In one case of a child, aged seven, two hypodermic in-

jections of 1.32 gr. at an interval of two hours caused so great a diminution of spasm in the masticatory muscles that the child was able to swallow liquids. The same dose given by the mouth three times every two hours caused a diminution of spasm. On the second day of attack four doses were given, and on the third day two. Then the trismus—it was a case of trismus and tetanus—disappeared, and the reflexes, both superficial and profound, had diminished. The writer noted an augmentation of the quantity of saliva and an irregularity in respiration. This case accords with the results obtained by Schultz and Binz in their experiments with the preparations of conicine upon animals poisoned with brucine.—*Nouv. Rém.*

**TO REMOVE WARTS, CORNS, ETC.—**The thickened epidermis is slightly moistened with an antiseptic solution (boracic or salicylic acid) and then covered with a fairly thick layer of pure crystallized salicylic acid. Over this is placed moist borated lint in four layers, a piece of gutta percha fabric and a bandage. In the case of small warts and callosities the dressing is allowed to remain for five days. On removal it will be found that the thickened tissue is somewhat shrunken and has separated from the subjacent parts, which are covered with perfectly normal skin, presenting no traces of injury or bleeding. The author has never seen any caustic effects from this application on the surrounding and subjacent tissues. If the callosity is of any considerable thickness, as is often seen on the sole of the foot, the dressing should be left in place for ten days or renewed after five days. The great advantage of this application is that the effects of the salicylic acid are localized to the thickened area.

**INNOCUOUSNESS OF BORACIC ACID.—**Dr. Gaucher concludes, from experiments upon animals, that man would have to take  $2\frac{1}{2}$  oz. in twenty-four hours to get its toxic effects. To several tuberculous patients he gave quantities equal to fifteen grains daily. After a few days of treatment the fetidity of the sputa disappeared, and in two cases the general condition was ameliorated. He found it beneficial in cystitis; it produced no gastric irritation.

**SOZOIODOL A SUBSTITUTE FOR IODOFORM.**—Sozoiodol is a derivative of the aromatic series, and is a phenol each of whose atoms of hydrogen is replaced by the radical ( $\text{SO}_3\text{H}$ ) and an atom of iodine. An efficaciousness equal to that of iodoform is attributed to it for the treatment of skin diseases, and it is also said to be equal to salicylic acid in these troubles. The product appears in fine, brilliant crystals, is inodorous, dissolves with difficulty in cold water and cold alcohol, but dissolves much more readily in both substances aided by heat. Sozoiodol contains 42 per cent. of iodine; it is recommended as a substitute for iodoform on account of its freedom from odor.—*L'Union pharm.*

**A MECHANICAL CURE FOR HICCOUGH.—**C. J. Strother. Procure a glass of water and pour a little of it down the patient's throat. Whilst he is drinking the water he should press a finger on the orifice of each ear. By this method you open the glottis, and in five seconds the thing is done. Should you by any chance meet with an obstinate case, you may rest assured that the throat and ears were not closed at one and the same time; either the water was swallowed before the ears were thoroughly stopped or the water was not sufficient to fill the throat. Another precaution is to keep the chin well up. This cure was obtained by the writer from an old Indian medical officer who had experimented for some years to discover a method of relieving the terrible stage of hiccoughing in yellow fever, and this cure was the outcome.—*Pharm. Jour.*

**CARBUNCLE.—**Mr. Quintin McLennan, of Glasgow, writes the *British Medical Journal* that he is decidedly in favor of sulphide of calcium with carbonate of iron, generous diet, and local cleanliness with linseed meal poulticing as occasion demands, in the treatment of carbuncle. He thinks the method of resorting to the knife in every case is to be deprecated.—*Wk. Med. Rev.*

**DISTILLED WATER** should be used while fresh, for by keeping it is soon subject to contact with air, and an organic growth commences, causing a very perceptible change in its properties, and rendering it unsuitable for use.

# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE  
*ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.*

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VOL. IX.—No. 6.

JUNE, 1888.

\$1.00 A YEAR.

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## RECENT VIEWS REGARDING THE MANAGEMENT OF TYPHOID FEVER.

The methods of treatment of typhoid fever in the leading hospitals of New York, Boston and Montreal have been collated by the *Medical News*, and find a place in an issue of that journal. We briefly summarize the respective experiences.

In the New York Hospital, when the daily average in temperature is above 103°, antifebrin is given, either in large doses at long intervals or two grains every two hours during the day and three every three hours during the night; no bad results were noticed. Whiskey is given, three to eight ounces in the day, when the pulse, tongue and condition indicate the need of stimulants. Milk is the chief diet, with lime water, or peptonized if the stomach is irritable. Laxative enemata are given every other day, if no movement of the bowels occurs naturally. In the early summer a calomel purge was given patients entering before their tenth day, followed by naphthaline, ten grains every three hours.

In St. Luke's Hospital the treatment was generally symptomatic. Occasionally one or more moderately large doses of calomel were given early, not, however, with the view of aborting the fever. Naphthaline to sixty grains daily failed of abortive effect. Urethan was the best

hypnotic, and was also found to be antipyretic; dose thirty to forty grains, repeated in an hour or two if necessary. To avoid diarrhœa, often caused by indigested food, the diet was carefully watched. Naphthaline and bismuth were efficient to control catarrhal inflammation. Small enemata were given every other day to relieve constipation; laxatives are not given after the first week. The new group of antipyretics have taken the place of baths to control the pyrexia, antifebrin being preferred finally. Alcohol is given to combat heart failure, being effective when this is due to impaired nerve force especially; it is rarely given before the third week, often not at all.

Dr. Beverly Robinson's treatment is generally expectant. If the heart becomes notably weak, he orders tincture of strophanthus in five-drop doses every six hours, with mustard or dry cups to the chest, and alcohol. High temperature is controlled by antifebrin, five grains repeated two or more times in the day. If the patient becomes prostrated, dry champagne is given in small, frequent doses; sometimes black coffee brings back to life wonderfully. Systematic cold bathing is regarded as ill-adapted to either hospital or private practice.

In the Massachusetts General Hospital Dr. Shattuck has found no satisfactory proof of the abortive powers of calomel



followed by naphthaline, which latter has been given at the rate of eighty grains a day; in two cases it caused strangury. No systematic use of antipyretics is made; they are given only when the temperature is very high and the patient very restless. Milk, clear or with lime-water or peptonized, is the diet; with diarrhœa, animal broths are allowed. For constipation a plain water enema is given every other day. Opium is the main reliance for sleeplessness and diarrhœa. For internal hemorrhage, opium to narcosis, ergotine hypodermically and stimulants, as indicated, are given. Sponging with water at 60°-75° is used to moderate fever, every two hours, if the temperature is above 103°.

Dr. R. H. Fitz found no evidence that naphthaline possessed its asserted value to check the progress of typhoid fever; it was given in three-grain doses every two hours. Antifebrin was preferred of the new antipyretic drugs, five grains often sufficing, but repeated every hour for three doses, if necessary. Three-grain doses often relieve headache. To artificially maintain a low range of temperature through the disease was not considered essential. Four ounces of milk every two hours, clear or pancreatized, is the exclusive diet until the temperature is normal for a week; then broth, eggs, soft puddings and bread.

In the Montreal General Hospital an expectant course is followed. Milk is not allowed ad libitum, being limited to three pints per diem. Diluted with rice water, it makes up the diet. Cold or ice water is allowed freely, or ice to suck. No other food is allowed until the temperature, morning and night, has been normal for eight days. Cold sponging of the entire body is done every three or four hours, and a coil for ice-water to the head constantly until the temperature falls. Alcohol is given in high grade of fever and

where there are signs of vital depression. A common prescription is two drops each of carbolic acid and tincture of iodine, diluted; no striking results are noted from it. The bowels are never allowed to remain quiescent for more than two or three days; enemata are preferred to laxatives, a full purgative dose of calomel being given, however, early in the course. For bronchitis and pulmonary congestion, turpentine in emulsion is given; the same for tympanitis, with care of diet. For tremor, insomnia and delirium, camphor, valerian and ammonia are used. Quinine in antipyretic doses is entirely abandoned; antipyrin has had trial, but the conclusion is that the depression in temperature effected does not modify the course of the disease.

A noteworthy fact, in this summary of methods of managing typhoid fever, is the slight amount of variance in the conclusions reached up to the present time by these contemporaneous observers. It is not extraordinary that intelligent men, handling the same material of resources for managing a pretty typical disease, should come to similar conclusions, but the absence of individualism and personal idiosyncrasy of views is both striking and refreshing. The hospital is an equalizing crucible; it is only in rural practice, in fact, that a physician can get the lay verdict of being "good in fevers."

It is also noteworthy that the expectant plan is generally followed. Not that this is new, for there are few of us so old as to recall a teaching in the schools of any active interference with the course of this disease. But its lack of novelty suggests at once the question whether in these later years any new remedy has been discovered that would actively interfere with the course of this fever. We are reminded that not a few have been proposed. Some years ago there was hot discussion over

cold baths for the reduction of temperature; they never met with extended favor in this country, and we find no mention of them by these gentlemen, the nearest approach being the cold sponging of the cutaneous surface. At the same time it is rather remarkable that even less is said of the use of large doses of quinine for this purpose. Doubtless the reason for this is found in its being displaced by the new group of antipyretics brought forward during the last few years, of which antifebrin seems to find the final preference. These even are not systematically used, however, by some of the observers; the verdict that seems to lie in their minds is that sudden forcing down of the temperature is not productive of permanent benefit, or at least does not lessen the duration of the disease. While most of them speak favorably of the use of these medicinal temperature-depressors, their use is not emphasized. It may be a question whether enough is made of a pretty important group of remedies for controlling the severity of this fever, and also whether it may not be true that a more prolonged defervescence is secured by a large dose of quinine, at least occasionally exhibited, than by its more recently introduced coadjutors, and with as little disturbance to the system.

Quite in the line with the spirit of the expectant plan of treatment, and with the attention to details which it favors, is the emphasis all lay upon diet. The verdict is nearly unanimous on confining the patient, during the active progress of his disease, to milk; it is generally preferred to add to it such things as aid its digestibility, the perfection of which is judged of by examination of the stools for undigested curds. Doubtless milk is the natural food. But it might be questioned, here, whether too much stress may not be laid on the feeding of the patient, or rather whether there might not be a dan-

ger in feeding too much. The stomach of a patient sick with typhoid fever is very much impaired functionally, and certainly unassimilated food is a foreign substance, and might much better be kept out of the body entirely. Instead of "keeping up the strength of the patient," it does the opposite. Anorexia is natural, and nature is not entirely at fault perhaps. Possibly it might be found that the light peptonized gruels would still find a place on the diet list of these patients. The value of milk is, however, agreed on by all these observers, even to its being the exclusive food during the first three weeks, and it is rather urged upon the patient than withheld.

As to alcohol, all agree that it is to be given only as indicated by a condition of prostration. This will find common consent now, but years ago it was a routine plan to give whiskey in moderate doses almost through the course of the disease. That it should be withheld for the emergency of the case is only reasonable, and on this there can be no doubt. There is liable to come, sometime in the course of every case of typhoid fever, a time when alcohol will be invaluable, for nothing else will carry the patient over it.

The consensus of methods and of estimates as to the value of the newer remedies by these well-informed observers is rather remarkable; still more so is the fact that the recent years have produced nothing that leads the therapist of to-day to deviate much from the general principles of treatment taught him fifteen or twenty years ago, or from the old-established formula that typhoid fever is self-limiting, and that it is not to be cut short from its routine course.

To the literature of typhoid fever a most interesting contribution was made in a paper by Dr. A. L. Carroll, read at the last meeting of the New York Medi-

cal Association, a copy of which has come to us. It essays answers to a number of propounded questions.

As to whether the name covers properly all the described varieties, or are there other undifferentiated continued fevers commonly grouped under this head, his summary of the evidence thus far adduced is that there are several disorders confounded under the single designation: *a.* A specific exanthematous fever with a localization in the intestinal glandular apparatus, transmissible by means of a *materies morbi* developed in the excreta of the sick, one attack as a rule protecting against future infection. *b.* A group of acute adynamic ailments comprising—1. A septic enteritis (pythogenic?) giving rise to constitutional disturbances like those of enteric fever. 2. Perhaps a catarrhal variety (the “gastric” or “mucons” of some writers). 3. An anomalous continued fever peculiar to warm climates. 4. A continued form of malarial fever, with intestinal complications.

Regarding the question whether typhoid fever is always the product of a specific contagion from a preëxisting case, Dr. Carroll concludes: “Granting all that can be said of the elusive portability of the virus of enteric fever, its probable capacity for recrudescence after long intervals of quiescence, and its maleficent activity in infinitesimal dilution, there are, nevertheless, so many well-authenticated instances of adynamic fever occurring in isolated rural districts where no connection with a preceding case seems probable, and where the only discoverable morbid agency is putrescent filth, that we must face the dilemma of either admitting the pathogenesis of a specific ferment or, more plausibly, conceding the existence of a separate filth-bred febrile disorder.”

As to the part played by micro-organisms in causing the disease, the

writer calls the attention to the importance of their environment and their products as elements in this, and to the different forms of microphytes that have been described, although their phenomena have been more accurately discovered.

After considering other questions of interest, that of indications for treatment completes the paper. “A clinical attitude of watchful expectancy” is the conclusion arrived at as the principal of treatment, a conclusion to which the representative therapists of leading hospitals, as already noted, have come. Sanitary surroundings and maintenance of nutrition are principal indications. Milk, in small quantities and often, and uncooked egg-album, are proposed for food; also a plentiful supply of cold water. Symptomatic medication is barely alluded to, save that for hyperpyrexia; the artificial abstraction of heat finds little favor, it being even a question whether cold baths do not augment thermogenesis; the modern antipyretics, including quinine, may have a value in “giving the patient a recess from the trying discipline of a continuous hyperpyrexia,” but they do not appear to shorten the malady nor to augment the proportion of recoveries, and are believed by observers to impede oxidation, which is defective in pyrexia, and which renders soluble and disinfects nitrogenous waste matter.

The paper is a valuable summary of present knowledge by a practiced observer and student.

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THOMAS DAVIS WORDEN.

At the eleventh regular intervening meeting of the Medical Society of the County of Albany, April 25, 1888, a committee was appointed to prepare suitable expression of the loss the society had sustained in the death of Dr. Thomas D. Worden. The committee reported at the semi-annual meeting, May 8, as follows:



Dr. T. F. C. VAN ALLEN said:

*Mr. Chairman and Gentlemen*—The chairman of your committee, Dr. Townsend, requested me to prepare a sketch of the life and character of Dr. T. D. Worden, and in accordance with this request I offer the following:

Thomas Davis Worden was born at Trenton, Oneida county, N. Y., June 18, 1853. He was the only child of Darwin B. and Matilda Davis Worden. During his thirteenth year the family removed to Fort Plain, N. Y., where they afterward resided. Dr. Worden's education was received at Cazenovia Seminary and Syracuse University, graduating from the university in June, 1877, with the degree of Ph. B. His medical studies were commenced the same year, when he matriculated at the Albany Medical College, as a student of Dr. A. Vander Veer, and in the spring of 1880 he graduated with highest honor, the valedictorian of his class. Shortly afterward, he opened an office at 76 Hudson avenue. In May, 1880, he became a member of the Medical Society of the County of Albany. It was in July, 1880, that Dr. Worden was stricken with a very severe pleuritis, and it was not until the spring of 1881 that he ventured to return to his practice, locating at No. 1 South Hawk street. Here he soon regained the thread of his first success, but did not regain his former health. The condition of his lungs was never reassuring after the pleuritic attack; a more or less constant pain or oppression gave him considerable suffering, and any unusual exertion provoked this trouble to a threatening degree. In November, 1881, he was urged to accompany ex-Attorney General Martindale to Europe, as his attending physician. Feeling that a voyage would be of benefit to his health, Dr. Worden accepted the position, and sailed with General and Mrs. Martindale for Marseilles, France, November 14. General Martindale's illness was of a character that gave little hope of recovery, and his death at Nice, December 13, was not unanticipated. Dr. Worden was much worn by the constant and faithful care he had given his patient, and after overseeing the last sad services rendered to the lamented and revered General Martindale, he left Nice, traveled through Italy, France and England, and, sailing from Liverpool, reached New York city about the first of March, 1882, considerably improved in health. While abroad he had been in correspondence with Drs. Strong, who sought to secure Dr. Worden's services as a resident physician in their "Remedial Institute," at Saratoga. Dr. Worden felt that he was scarcely

able to bear the exposures of general practice, and for this reason accepted the position offered to him, removing to Saratoga shortly after his return from Europe. It was here that he first met Miss Anne Scott Paine, whom he married, at the home of her father, Mr. L. C. Paine, of Wilkes Barre, Pa., in the fall of 1883. Dr. Worden continued to fill his position at Drs. Strong's, until 1885, when, increased responsibility proving too much for his health, he resigned, removed to Wilkes Barre, and entered into business with his father-in-law. September 19, 1885, a daughter was born to himself and wife. The change from professional cares to a quiet life at Wilkes-Barre resulted in considerable gain in health, and the business man hoped soon to recommence his professional career; but the hope was not realized, for at the commencement of 1887, serious symptoms of pulmonary trouble developed, and yielding to professional advice, he left his home, and, accompanied by his wife, sought the healthful air of Colorado Springs, Col. The benefit accomplished by this change was for some months apparent, and friends who visited him in June, found him improved in health and most hopeful. In October he commenced to fail rapidly, and was confined to his bed. From this time on, he wasted away, watched over and cared for by his devoted wife. His physicians pronounced him beyond all medical aid, and in February advised his removal to the East, if it could be accomplished. Accordingly, he was brought upon his bed to his father's home, at Fort Plain. Here he lingered until April 19. The cause of his death was tuberculosis. The funeral services were held at the residence of Mr. L. C. Paine, Wilkes-Barre, April 21. The immediate relatives surviving Dr. Worden, are his wife, his little daughter and his father.

Concerning the character of Dr. Worden, I shall have but little to say; and I would express my regret that some one who knew him more intimately and for a longer period than myself, was not selected to do this subject justice. I first met Dr. Worden at the office of Dr. E. Van Slyke, of this city, in the fall of 1879, but had no intimate association with him until 1881, when from November to March of the succeeding year, we were quite constantly together. It is from this short period of companionship that I must form an estimate of the marked traits of his character. I will say that he was, a Christian gentleman of many rare mental and social qualities; at ease in every position he might be placed; the possessor of a buoyant disposition, and of an infectious quality of humor that made him a

charming companion, and caused his acquaintanceship to be much sought, and correspondingly valued. He was an accomplished and versatile musician. He was a thorough student, whose professional knowledge was far in advance of the average recent graduate, and, what was still more creditable, possessed of the faculty of making most practical applications of his knowledge. It was this practicality, together with his remarkable social adaptability, which led those who knew him to feel confident that his professional career would be a successful one. He was an enthusiastic man—not that form of enthusiast who is ever ready to waste the quality on uncertainties, but an enthusiasm controlled by a desirable amount of logical inquiry. He was an admirer of the beautiful of nature and of art; a charming landscape, a sunset at sea, would call forth his admiration, not so much in words, as in the expression of his countenance. This was also well shown when his loitering footsteps bore him through the vast corridors of many of Europe's grandest galleries; then, it was almost as enjoyable to watch the play of his features as to gaze upon the chiseled marble or the painted canvas on which his thoughts were centered; for one could read his first impressions, and trace the progression of his thought, until aware of his delight, or satisfaction; his disappointment, or displeasure.

Of Dr. Worden's early life I have no knowledge, but the man tells you somewhat of the preceding youth; and again, the depth of his affection for his mother, and her evident love for and pride in her son, will to many express far more than any words of mine. They were well worthy of each other. Both have passed beyond this life; the mother dying at Fort Plain, shortly before the son was carried from Colorado Springs, to a home where his afflicted father was so soon afterward bowed with the weight of a second bereavement.

I wish to add, that for much of the data concerning Dr. Worden, I am indebted to his intimate friend, Dr. Van Slyke.

Dr. A. VANDER VEER said:

*Mr. President*—I do not know that I have any thing to add to the very excellent and truthful remarks made by Dr. Van Allen. Dr. Worden was a student of mine, coming to me an entire stranger, but there was that in his manner, his candor, his honesty of expression, which won my admiration at once, and I admitted him into my office in the full belief that he was a gentleman and an earnest

student. These he proved himself to be in every sense of the word. He was an earnest worker from the time he entered the office, and in all my association with him I never knew him to waste his time in any way whatever. He never let an opportunity pass by for obtaining knowledge pertaining to his chosen profession. He was ever prompt in his attendance at the hospital and in assisting at operations, and in his pathological work he was full of energy and worked to a purpose. His love for his profession was exceptional. Truly it may be said that a sound mind in a sound body is one of God's best works. Dr. Worden possessed an exceedingly active and well-organized brain. His physical condition was one, however, of anxiety. He was never very strong, and he did not seem to realize that it was necessary for him to save his strength, and he was never willing to lessen his work.

After graduating and receiving the highest honors of his class, he was not long in practice here when he was prostrated with an attack of pleurisy, which was exceedingly severe, and from which he never fully recovered. As is well known, he sought recovery abroad, in Colorado and in other portions of the country, but without success.

I was called to see him but a week or ten days previous to his death, and found him suffering from general tuberculosis of his entire system. I have seldom seen men who have suffered more than he. His pain was peculiarly distressing, especially in the region of the bladder. His devoted wife and faithful attendants did all that was possible to alleviate his sufferings.

He has gone to his reward. He has left behind him the memory of his work well done. We have to mourn him as one that we could not well spare. We can only sympathize with his bereaved family and assure them that we sorrow and mourn with them in the loss of one who was so bright, so good, so just in all his conduct here in life.

The following resolutions were adopted:

*Resolved*, That we, the Medical Society of the County of Albany, having learned of the death of our esteemed member, Dr. T. D. Worden, would express our regret for his untimely death, and also our appreciation of the many excellent qualities which endeared him to us, and gave promise of so useful and successful a career.

*Resolved*, That the sketches of his life and character, together with these resolutions, be entered on our minutes.

*Resolved*, That we tender our sincerest sympathy to the afflicted family, and direct our secretary to send copies of our action to them.

FRANKLIN TOWNSEND, M.D.,  
A. VANDER VEER, M.D.,  
E. VAN SLYKE, M.D.,  
T. F. C. VAN ALLEN, M.D.,  
*Committee.*

ONE of the pleasant recollections connected with the recent organization of the American Association of Obstetricians and Gynecologists was the reception and dinner given by the members of the Buffalo Obstetrical Society. Such occurrences brighten and cheer the path of the active practitioner, and leave happy memories.

## BOOK NOTICES.

HISTORY OF ABDOMINAL SECTION IN ALBANY, WITH A REPORT OF SEVENTY-FIVE CASES. By Albert Vander Veer, M.D., Professor of Surgery in the Albany Medical College; Fellow of the British Gynecological Society; Attending Surgeon Albany Hospital. 53 octavo pages. Reprinted from the Transactions of the Medical Society of the State of New York, 1888, and from the *Annals of Surgery*, May, 1888.

"Say not thou, What is the cause that the former days were better than these? for thou dost not inquire wisely concerning this." This "History of Abdominal Section in Albany" is one of the striking evidences that that the world does move. Two tables, embodied in the paper, tell the most of the story. Table No. 1 gives the statistics of twenty-four cases of abdominal section, beginning with a list of seven operations by the late Alden March. The earliest operation, strangely enough a successful one, is by Dr. March in 1849, for removal of an eighteen-pound multilocular ovarian cyst. One ovary was removed, and a silk ligature brought out at the lower angle of the wound. The patient was in excellent health three years afterwards. Ten recoveries are reported in this list of twenty-four operations, which includes two recoveries under Mr. Lawson Tait, F.R.C.S., and Tom Ballard's recovery from suicidal incision. Other

operators were Drs. W. F. Atlee, late of Philadelphia; J. V. P. Quackenbush, late of Albany; E. R. Peaslee, late of New York; L. Balch, Albany; LeRoy McLean, of Troy; Samuel B. Ward, Franklin Townsend, Jr., S. Fisk, F. D. Morrill and W. E. Milbank, of Albany.

The author's own cases—fifty-one operations—dating from 1877 to 1887, inclusive, form table No. 2. Eighteen deaths and thirty-three recoveries are detailed—more than double the work of all other operators, living and dead, Albanian and imported, combined. His first eight cases are a dark list without one recovery, extending over a period of seven years. His recoveries begin with the use of Tait's methods in 1884; first a group of four operations without a death; another group of five consecutive recoveries; then a line of sixteen recoveries after abdominal section, including one removal of a kidney, with no intervening death.

His work in abdominal surgery within the last two years, 1886 and 1887, shows twenty-seven recoveries and six deaths, or nearly a third more than the entire number of cases of all other operators in this locality for the past half century, and a mortality reduced to about eighteen per cent., to compare with a mortality of sixty per cent. in table No. 1.



THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF THE DISEASES OF WOMEN. By Graily Hewitt, M.D., F.R.C.P., London, Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital; formerly President of the Obstetrical Society of London, etc. A new American from the Fourth Revised and Enlarged London edition. Edited, with Notes Additions and Illustrations, by H. Marion-Sims, M.D., Attending Surgeon to St. Elizabeth's Hospital, New York, etc. Three octavo volumes, over 1,000 pages, with 240 illustrations. New York: E. B. Treat, 771 Broadway.

It may seem superfluous to say a word in commendation of Dr. Graily Hewitt's great work—a work which has been accepted as *the* standard by the profession both in England and America, and which has been adopted as a text-book in twenty or more medical colleges.

The life-size wood-cuts are valuable aids in showing the mechanical causes and cures of uterine displacements. Hewitt advocates the mechanical pathology of many forms of uterine disease. Vomiting of pregnancy is shown to be a reflex symptom due to uterine distortion, and always relieved by proper mechanical treatment. Hysteria is claimed as a reflex symptom of uterine, not ovarian, origin, dependent always on malposition, and to remedy the latter is to cure the former. Hewitt insists that alterations in the shape and position of the unimpregnated uterus are rarely witnessed except in individuals who are in a condition of "chronic starvation;" hence, he demands better nutrition as an important item of treatment.

The author, in the preface, says: "Ten years have elapsed since the last edition of this work was published. What I have gained from observation and experience during these ten years has here been faithfully and truly set down. The greater part of this new edition has been rewritten."

Dr. Sims has given the work a thorough revision, freely criticising and commenting on the author's views, and making many valuable additions in the text and illustrations.

LESIONS OF THE VAGINA AND PELVIC FLOOR, with Special Reference to Uterine and Vaginal Prolapse. By B. E. Hadra, M.D., Austin, Texas. 329 pages, duodecimo, 83 illustrations. Philadelphia: Records, McMillin & Co. 1888.

A reprint of a series of valuable articles as they appeared in *The Medical Register* during 1887, with a good index and a scholarly appendix of recent literature. The best and newest material to be found has been used to show the causes, progress, symptoms and treatment of all gynecological injuries of vagina and pelvic floor which are in any way related to such malpositions of the uro-genital system as are called prolapse.

THE RELATION OF ALIMENTATION AND DISEASE. By J. H. Salisbury, A.M., M.D. (A. M. C., '50), LL.D., Member of the Philosophical Society of Great Britain; Member of the American Antiquarian Society; Member of the Albany Institute; Member of the American Association for the Advancement of Science, etc. 19 pages of plates, showing most excellent and valuable microscopical work. Octavo, 332 pages, cloth, \$5.00. New York: J. H. Vail & Co. 1888.

The work shows the following:

1. The cause and cure of diseases of the nervous system.
  2. Rheumatism.
  3. Asthma.
  4. Fibræmia, Fibrosis, Thrombosis and Embolism.
  5. Hog Cholera—1028 cases.
  6. Food experiments on single articles, with positive results, in two-word sentences mostly.
  7. An elaborate consideration of the causes and treatment of consumption.
- That differences in diet are followed by well-defined differences in results is more

widely admitted now than a few years ago. The effects of proper and improper diet in diabetes and in obesity, and some pathological changes due to alcoholic drinks, have long been recognized.

But Dr. Salisbury has carried his experiments into new ground. While it is not probable that all of his views will gain the immediate assent of all his readers, yet, in many points—such, for instance, as the value of abstinence from starch and sugar in the treatment of fibroids—the truth of the author's teachings must be conceded.

COMPEND OF HUMAN PHYSIOLOGY, for Medical Students. By Albert B. Brubaker, A.M., M.D., Professor of Physiology in Jefferson Medical College. Fourth edition, enlarged and illustrated, with Table of Physiological Constants. 174 pages, cloth, \$1.00; interleaved, \$1.25.

Thorough, concise, attractive and valuable. Contains information nowhere else collected in such condensed and practical shape. None of this remarkable series of "Quiz Compend" is superior, in its department, to this finely illustrated, clearly printed and well-indexed compend.

## MEDICAL NEWS.

### LEGISLATIVE AMENDMENTS TO THE PUBLIC HEALTH ACT.

Chapter 146, laws of 1888, amends section 3, chapter 270, laws of 1885 (the act for the preservation of the public health and the registration of vital statistics) by empowering local boards, of health to issue subpoenas to compel the attendance of witnesses, to administer oaths and compel them to testify under oath, the same as is now given by law to justices of the peace. The State Board of Health is by the act given the same power as is given to the Supreme Court as to calling witnesses and administering oaths, and witnesses may be called without the payment of fees within the county in which they reside. Local boards may not serve subpoenas on persons outside of their jurisdiction, and witnesses may not be compelled to testify upon matters not related to the interests of the public health.

Another amendment makes it legitimate to grant a burial permit in case of death without an attending physician, on the affidavit of competent individuals as to the cause of death, where there is no suspicion that death occurred from other than natural causes.

### AMERICAN INTERNATIONAL CONGRESS OF MEDICAL JURISPRUDENCE.

The Medico-Legal Society of New York has decided to hold an International Congress of Medical Jurisprudence at which representatives from all countries will be invited to attend and contribute papers.

In most of the European countries forensic medicine is taught by great specialists attached to the universities, and the same is done in some of our own colleges; nevertheless, there is no uniform practice in the application to the administration of justice of the great principles underlying medico-legal science. The courts in Germany obtain the opinions of experts officially attached there, which are, however, often disregarded, and neither in this country nor in Europe are the courts bound by the professional opinions of the medical expert.

To bring about a nearer approach of the two learned professions in the interest of medico-legal science and a more uniform application of its principles throughout the civilized world, an international congress will be held in the city of New York during the year 1889, at such a place and time as will be determined later on. The

congress will hold a session of four days.

The leading societies, home and foreign, who are pursuing kindred studies are invited to send delegates.

The general committee of arrangements will be announced later, as soon as formed. The sub-committee which has the affair in charge, is composed as follows: Moritz Ellinger, Esq., corresponding secretary of the Medico-Legal Society, chairman; Clark Bell, Esq., Dr. Isaac Lewis Peet, Dr. Stephen Smith, Judge Noah Davis, E. W. Chamberlain, Esq.

All students of forensic medicine or its kindred and allied sciences are invited to attend and to contribute papers to be read.

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#### NATIONAL CONFERENCE OF CHARITIES AND CORRECTION.

The fifteenth National Conference of Charities and Correction will be held in Buffalo, N. Y., commencing Thursday evening, July 5, and will continue until Wednesday evening, July 11, 1888.

An unusually large attendance of delegates is expected, among whom will be some of the foremost men and women of America in the various departments of charitable, reformatory and prison work.

All members of boards of state chari-

ties, all trustees and officers of all benevolent, charitable, penal and reformatory institutions and societies, and all officials engaged in benevolent and reformatory work throughout the United States, are *ex-officio* members of the conference, and it is hoped that every state and territory and the Dominion of Canada will be well represented at the Buffalo meeting.

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#### MEDICAL SOCIETY OF THE COUNTY OF MONTGOMERY.

There was a large attendance at the annual meeting of the Montgomery County Society, at Fonda, Wednesday, June 13, 1888.

Dr. James A. Smeallie ('79) was awarded the prize of twenty-five dollars by Dr. D. M. MacMartin for the best paper on Surgery.

The following officers were elected: President, Dr. C. M. Klock, of St. Johnsville; vice-president, Dr. E. T. Rulison ('75), of Amsterdam, secretary; Dr. W. J. Peddie ('82), of Fultonville; treasurer, Dr. F. G. Buckbee ('71), of Fonda. Delegates: To Fulton County Society, Dr. W. J. Peddie; to Schenectady County Society, Dr. S. H. French, Jr.; to Herkimer County Society, Dr. W. H. Biggam, Jr., of Fort Plain.

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#### PERSONALS.

—Dr. Leartus Connor, editor of the *American Lancet*, Detroit, gave a reception in honor of the Michigan State Medical Society, June 13.

—Dr. Theobald Smith ('83), formerly of Albany, was recently married to Miss Lilian H. Eggleston, and will reside in Georgetown, D. C.

—Dr. Willard Henry Fox, of the class of '88, Albany Medical College, has located in Rochester, N. Y., at 332 Jay street.

—The funeral of Mrs. Augusta Bates, wife of Dr. M. L. Bates, of Canaan, occurred Thursday, June 7. Mrs. Bates was the eldest daughter of Mr. S. D. Piereson. Her husband and two children have the sympathy of their many friends.

—Dr. T. D. Crothers ('65), of Hartford, Conn., delivered a course of lectures on "The Diseases of Inebriety, its Pathology and Treatment," at the Medical College of the University of Vermont, in Burlington, May 22, 23 and 24.



# ALBANY MEDICAL ANNALS.

VOL. IX.

JULY, 1888.

No. 7.

## CLINICAL REPORTS.

### III.

#### TREATMENT OF THE PRESSURE PARALYSES OF POTT'S DISEASE BY THE PLASTER-OF-PARIS JACKET.

By HENRY HUN, M.D., ALBANY, N. Y.,

PROFESSOR OF DISEASES OF THE NERVOUS SYSTEM AND OF PSYCHOLOGICAL MEDICINE IN THE ALBANY MEDICAL COLLEGE.

[*For Albany Medical Annals.*]

Fixation and extension of the vertebral column by means of either plaster-of-Paris jackets or iron braces is, in this country at least, the almost universal treatment of Pott's disease. The same treatment is also the most efficacious that we possess for the compression paralyses due to Pott's disease, and it seems strange that Strümpell, in his excellent "Text-Book of Medicine," American edition, p. 581, should speak in such doubtful terms of the value of this form of treatment in such cases. The following cases show the value of the application of these jackets in such cases.

CASE I.—H. G., æt. 8½. Entered Child's Hospital March 20, 1884. During the past three years there has been an angular curvature in the upper dorsal region of the spine. During much of the time the boy has been running about and playing, but frequently he had such severe pain in his back that he was obliged, on account of it, to lie in bed for a few days or weeks at a time. In February, 1884, he commenced to lose power in his legs, and at the end of a

week he was unable to walk at all. On entrance into the hospital the patient could neither walk nor stand, but he was able to move his legs feebly. The cutaneous and tendon reflexes were exaggerated. There was no disturbance of sensibility and no disturbance in defecation or micturition. There was an angular curvature in the spine extending from the first to the sixth dorsal vertebra, with a corresponding bend in the sternum.

The patient was kept in bed, and the galvanic current was applied to the spine and legs daily for a couple of months, during which time there was no improvement. In June a plaster-of-Paris jacket was applied. Soon afterwards his legs began to grow stronger, and in August he began to walk. In October both the sensibility and the motion of his legs were perfect, but both the superficial and the deep reflexes continued exaggerated. He can walk and run either with or without his plaster-of-Paris jacket, although this is still applied. In March, 1885, not only was the motion of his legs perfect, but the reflexes had returned.

to their normal condition, and were no longer exaggerated. Towards the end of March the boy left the hospital, but I have heard of him frequently since. He continues well, and earns his living by selling newspapers.

CASE II.—E. M., æt. 27. A moulder. Entered St. Peter's Hospital, May 20, 1884. Family and personal history good. The only possible cause that he can assign for his sickness is that he sometimes used to expose himself to the cold in wet clothes. About two years ago he began to notice a soreness in the middle dorsal region of his back and a feeling as of an iron band about his chest on a level with his nipples. Whenever he coughed or sneezed this band was very painful. In February, 1884, he commenced to feel a numbness in his feet, and this numbness gradually extended over the entire lower portion of the body up to the band about his chest, and at the same time his legs became weak. In May the patient could walk only with great difficulty with two canes, and when so walking his whole body trembled violently. He could not stand on either leg alone, and could scarcely stand on both feet. Slight anæsthesia to tactile sensations below the band about chest, and some loss of muscular sensibility in the legs. Sensibility unimpaired for painful and thermic impressions. Exaggerated knee-jerk and ankle-clonus in both legs. The plantar and cremasteric reflexes were also increased. No disturbance of motion or sensation in any part of the body above the band about the chest. There is a slight angular curvature of the spine, with projection backwards of the spinous process of the sixth dorsal vertebra. On May 24th a plaster-of-Paris jacket was put on, and the galvanic current was applied to the

spine during a couple of weeks, one sponge being applied above, the other below, the jacket.

After the application of the jacket the patient steadily improved, and in November, 1884, he could walk perfectly well without a cane, and thought that he could walk two or three miles without difficulty, and said that his legs felt nearly as strong as ever. Sensibility of all kinds and the cutaneous reflexes were normal. Exaggerated knee-jerk and ankle-clonus were still present in both legs. In January, 1885, the knee-jerk was normal, and there was no ankle-clonus. In March, 1885, he ceased wearing jackets, and during the years 1885 and 1886 he felt perfectly well and did light work. In the fall of 1887 he developed pulmonary tuberculosis, which steadily progressed and caused his death, without any return of the paralysis, in March, 1888.

CASE III.—C. W., æt. 9. Entered the Child's Hospital June 19, 1883, with the history that her back had been diseased for two years, and that her legs had been paralyzed for the same length of time. She presented an extreme degree of angular curvature of the spine, extending from the third to the ninth dorsal vertebra, the spinous process of the sixth being the most prominent. There was a sharp bend in the lower part of the sternum corresponding to the spinal curvature. Below the first lumbar nerve there was complete motor paralysis and anæsthesia and almost complete analgesia. Plantar reflex was increased. There was greatly exaggerated knee-jerk and ankle-clonus in both legs. Legs were blue and cold, and there was slight oedema of feet. There was no disturbance in the acts of micturition or defecation. There was no disturbance of mo-

tion or sensation in head, arms or thorax.

The galvanic current was applied daily to the spine for many months without causing any improvement. In the summer of 1884 the application of plaster-of-Paris jackets was commenced. In the fall the patient was able to move her legs slightly. Her legs were rubbed and moved passively, and she was urged to move them. She slowly but steadily improved, and in February, 1885, she was able to stand alone, and could walk by resting her hands on a chair. She showed a strong tendency to walk on her toes, and her legs vibrated, but she was able to bring her heels down to the ground and to walk on the soles of her feet. Sensibility to tactile, painful and thermic impressions was normal. Knee-jerk and ankle-clonus continued to be exaggerated. About the first of April she was attacked by pneumonia, and died on April 8, 1885.

At the autopsy there were found a recent general adhesive pleurisy on both sides, a general œdema of both lungs, and a pneumonia of the lower lobe of the right lung. The upper dorsal vertebræ were carious and so destroyed that the finger could easily be thrust through them from the spinal canal into the pleural cavity. In the spinal canal in the upper dorsal region was a large quantity of cheesy matter in which the anterior half of the spinal cord was imbedded. The cord at this point was slightly softened, and above and below this point the cord presented the macroscopic appearance of an ascending and a descending degeneration respectively.

In each of these cases the improvement

must be ascribed to the plaster-of-Paris jacket. There was no medicine given, and the galvanic current was used for too short a time in the second case to have been of any benefit, while in the first and third cases when used alone for a long time it produced no good effect. In the first two cases, in which the paralysis was never complete, the patients recovered perfectly their lost power of motion and sensation; and in the third case, in which the paralysis of motion and sensation was complete, the patient was apparently going on to a perfect recovery when an attack of pneumonia caused her death. The fact that in the second case tuberculosis developed in the lungs and caused the death of the patient does not invalidate the claim of the case to be considered one in which the compression paralysis was cured by the repeated application of plaster-of-Paris jackets. In each of the cases the exaggerated tendon reflexes were the last symptom to disappear.

Quite a number of observers, in this country especially, have reported cases similar to the above to show the value of extension and fixation of the spine in the compression paralyse of Pott's disease; and although some advise that, in addition to the jacket, iodide of potassium should be administered in large doses, yet these three cases, in which no iodide of potassium was given, show that the jacket is the more essential factor of the two in producing the cure.

We have, then, in the plaster-of-Paris jacket an agent of the greatest value in the treatment not only of Pott's disease, but also of the paralysis which this disease sometimes causes.



## COMPOUND, COMMINUTED, DEPRESSED FRACTURE OF THE VERTEX OF THE SKULL—COMPLICATION, HERNIA CEREBRI.

REPORTED FOR THE ALBANY MEDICAL ANNALS BY SYLVESTER D. WILLARD, MEDICAL STUDENT AT THE MEDICAL SCHOOL CONNECTED WITH ST. BARTHOLOMEW'S HOSPITAL, LONDON.

F. W., æt. 8, was admitted on November 10, 1886, under Mr. Howard Marsh, into Abernethy ward.

*History of Accident.*—The patient was found lying upon the floor in a room at home, with his head bleeding. He was brought to the hospital, and it was afterwards ascertained that he was struck on the head with a brick while looking out of a window.

*Condition on Admission.*—He seemed drowsy and in pain, and kept his eyes shut; he nodded answers to questions, but soon after admission he was quite sensible, and stated how the accident happened. He was very sick several times. There was a contused wound over upper and anterior parts of the parietal bones, dividing the scalp and extending for about one inch in three directions; a sharp prominence of bone was at the back part of the wound. There was a somewhat circular depression extending round the wound, about two inches in diameter. When the finger was introduced under the scalp, several irregularities of the cranium could be felt, also a depression about three-fourths of an inch deep behind the frontal bone and a little to the left. A large quantity of blood had flowed from the wound, and a clot was under the scalp, nearly filling the depression. There was no paralysis.

Three hours after admission he was put under chloroform in the operating theatre, and Mr. Howard Marsh performed the following operation: The

wound was enlarged, the clotted blood removed, the pericranium was stripped away from the bone, the right parietal was trephined, and an attempt was thus made to elevate the depressed bone. The bone was so completely broken that the fragments could not be elevated, so they were all removed, six or seven in number. An aperture was thus left in the vertex of the skull, somewhat triangular in shape, the greatest breadth being about two and a half inches. The dura mater was uninjured, except one small vein, which was tied with carbolized catgut. One or two small arteries in the scalp were tied, and the scalp was closed with four silver-wire sutures. The wound was washed with very weak carbolic lotion and dressed with carbolized oil lint, plain lint, and bandaged.

After the operation the temperature rose to 102° F.

Nov. 11.—This morning the temperature is 101.6° F. Was sick once during the night. He has passed no urine during the night. The wound was washed with a weak solution of Condy's fluid and re-dressed. Temperature this evening 103.6° F.

Nov. 12.—The wound was washed with a weak solution of Condy's fluid and dressed as before. He complains of severe headaches. He passed urine on the afternoon of the 11th. Temp. 99.8° F.; pulse 120. Was ordered four grains of calomel. Slight twitchings in left leg and arm last night during his sleep. No present rigidity or paralysis.

Nov. 13.—Bowels opened four times yesterday afternoon. Sutures were removed. Temp. 99.8° F.

Nov. 16.—There is a great deal of laudable pus discharged. Wound was washed with water and Condy's fluid. Complains of pain on dressing the wound. Temp. 99.4° F.; pulse 84, irregular; urine, sp. gr. 1020, normal. Sleeps well; appetite good.

Nov. 19.—There is a lump about the size of a chestnut pushing up the scalp at the front part of wound. The lump is covered with a greyish slough, and pulsates with the brain. There is a great deal of purulent discharge. He is not so drowsy as yesterday. Temp. 98.6° F.; pulse 96, irregular.

Nov. 23.—Mr. Savory saw the patient, and the hernia was painted with the liquor ferri perchlor., and the whole dusted with iodoform powder and slight pressure applied with bandage.

Nov. 24.—Patient seems very well. A large slough covering nearly the whole surface of the hernia, came away with the dressing this morning.

Nearly all the bone that is exposed is now covered with a delicate layer of pale granulations; there does not seem to be any brain matter protruding. The pulsations are seen to vary in size rhythmically with the respirations.

Nov. 25 to Dec. 6.—The hernia continued to increase in size, patient remaining in good condition.

Dec. 6.—The discharge is more fluid than before; the hernia is dark in color and bleeds a little. Washed with diluted Condy's fluid and dusted with iodoform powder. Patient not so well today. Temp. 100° F.; pulse 120, irregular.

Dec. 9.—The hernia is distinctly larger and divided into two parts; it is about

the size of a sheep's kidney; the right half pulsates more than the left, which is partly covered and kept down by granulating tissue; the color of the hernia is darker; the pulsations appear to be from the base, as though the base was being constricted. Has headache and looks pale. One day last week some serous fluid was seen trickling from under the right of the hernia. Temp. 101.6° F.; pulse 96, irregular.

Dec. 20.—Hernia is not any larger; sloughing some on the top; granulations are forming about the edges of the opening, and the opening seems smaller; sometimes patient complains of a little headache, but usually he is bright and complains but little; sleeps well; does not lose flesh; is still quite pale. Two days ago there was a temperature of 103° F., but is now normal again. Dressing with iodoform is still continued, and the bandage applied with gentle pressure.

Dec. 21 to Jan. 27, 1887.—Patient remained in good health, slept well at night, and was bright all day; the hernia has slightly increased in size.

Jan. 27.—He is not quite so well today; pus is discharged around the edges; the last day or two the hernia has been painted with cocaine and not dusted with iodoform.

Jan. 31.—Bright and cheerful all yesterday morning. In the afternoon he was suddenly attacked with convulsions and twitchings in left corner of mouth, convulsions of left hand, arm and leg following; convulsions of the right side followed and then became general. Left side was almost entirely paralyzed, and considerable loss of power in right side. There was some difficulty of respiration and apparently some paralysis of soft palate. Ankle-clonus was present and patellar reflexes exaggerated; there was

also difficulty in swallowing; cutaneous sensibility not impaired. For some little time he did not seem to be conscious. After the convulsions had lasted three and a half hours the patient was put under chloroform and kept under for half an hour. The convulsions ceased under its influence, with the exception of slight twitching of left hand during the evening. During the convulsions the temperature was  $101.6^{\circ}$  F., pulse was feeble and irregular. There was a large amount of watery discharge and more pus than usual. This morning there is no ankle-clonus and no return of convulsions; the patient is bright and cheerful, but looks ill and is very pale.

Third month, Feb. 11.—Patient seems to be in good condition; has had no return of convulsions; a small piece of slough came away this morning, and there is not so much as when painted with the cocaine, which was left off after the convulsions. The hernia is now washed with Condyl's fluid and dusted with iodoform. Temperature normal.

Feb. 25.—Patient is as well as usual; hernia seems a little smaller; there is a slight bulging under the scalp in front of the hernia.

March 4.—Hernia seems to get smaller every day, and the bulging does not seem so large. Patient is quite well and happy. Temp.  $98.6^{\circ}$  F.

March 16.—Small piece of bone came away from the right-hand corner of wound; the piece of bone was about the size of a six penny piece.

April 5.—Hernia about the size of a horse-chestnut; granulations are healthy; temperature normal.

April 22.—Hernia is covered with skin,

except a portion about the size of a six-pence.

April 27.—Was up last night sitting in a chair for the first time.

April 28.—Surface around hernia suppurating in patches. The whole was dressed with lotio rubra.

April 30.—The most prominent part of the hernia is now only slightly raised above the general level.

May 3.—Hernia entirely covered with skin. Cloud of albumen in urine to-day.

May 6.—Some of skin over hernia is broken down; some of the suppurating patches have healed, while others have spread. Temp.  $102.6^{\circ}$  F.

May 13.—Small piece of necrosed bone at the left corner not covered by skin.

June 14.—The whole surface has healed, except one small hole leading down to bare bone; the projecting spicule of bone remains about the same size, but a little looser, if any thing. Mr. Howard Marsh determined not to try to remove it yet.

June 24.—Condition the same; has been going out in the square of hospital every day for last two weeks.

June 29.—Mr. Howard Marsh removed the projecting piece of necrosed bone to-day, the patient being under chloroform.

July 2.—Slight suppuration still along posterior margin of the aperture in cranium; the rest has healed.

July 12.—The whole surface has healed, with the exception of part over dead bone, which is slowly separating. General condition good; still remains pale. Urine, sp. gr. 1030, and normal.

July 20.—Surface healed. Discharged from hospital.



## A CASE OF MULTIPLE NEURITIS.

BY H. C. FINCH, M.D., BROADALBIN, N. Y.

*(Albany Medical College, '82.)**[For Albany Medical Annals.]*

Mr. P. G., æt. 61, married, native of United States; occupation, farmer; family history good, except that two brothers now living are subject to neuralgia. He was a man of good habits. In the winter of 1880 he had an attack of neuritis in the left eye, which lasted about six weeks, during which time he suffered the most intense pain, and when it subsided he discovered that he was totally blind in that eye. He consulted Dr. R. H. Cameron, of Johnstown, soon after, who made an ophthalmoscopic examination and found the optic nerve atrophied.

The pain never returned in his head, and he never regained his sight in his left eye. His right eye remained good. He occasionally had slight attacks of neuralgia in other parts of his body, but with this exception his general health remained good until the spring of 1886, when he began to complain more than common, especially of pain in the back and hips, but this was not so severe as to interfere with his usual work on the farm. He began to notice, however, that in walking he often made a misstep, and once he fell.

He continued along in this way until harvesting, when he became overheated one day and removed his flannels. He left them off three or four days, during which time, after exposure by lying on the damp hay, by change of weather, etc., he was taken with a chill, followed by severe pain in the lumbar region and left leg below the knee. The pain he described as a steady, aching pain, with

paroxysms of a shooting, lancinating character.

Previous to this he seemed a perfect picture of health. His weight was 196 pounds. But it seemed now that the scale of life had turned with him, and the steady, tearing, grinding pain was seating itself firmer upon him to wear his life away.

During the first thirteen weeks of his sickness he was treated by other physicians, and I was first called to see him October 25, 1886. I found him in a most wretched condition, groaning with pain at every breath he drew, and not free from it an hour; bathed in a cold perspiration; it had not been possible, for several days, to keep his lower extremities warm. His tongue was coated with a thick yellow coating; he vomited all food and medicine when given him; the scanty, high-colored urine contained a little albumin, but no casts; bowels constipated; quick pulse, with temperature a little below normal. He was able to walk about the house, but his gait was clumsy and uncertain. Tendon reflex was somewhat impaired, and spinal nerves in the lumbar region were exceedingly sensitive to pressure. The trouble, which was at first confined to the left leg, had now extended to the right; and not only were all the nerves of the lower extremities highly sensitive to direct pressure, but muscular exertion, or even passive movement of the parts, excited pain.

After taking a cathartic the passages were of a thin, watery character, accom-

panied by severe pressure and pain about the rectum. Upon examination I found the rectum impacted with fæcal matter, with a small aperture about half an inch in diameter running up on one side between the bowel and the impaction, through which the thin, liquid fæces had passed. I then thought we had a clue to the trouble, thinking perhaps the severe pain in the back and lower extremities was due to the pressure of the accumulated fæces upon the nerves. I removed, with considerable difficulty, about two quarts of scybala, which did give him great relief, but the pain, though not quite as severe, still continued. There was no difficulty afterwards in keeping the bowels perfectly regular.

The pain was terrific, and as he vomited every thing taken into his stomach, the only method to relieve his sufferings was the use of morphia and atropia hypodermically, which controlled both pain and vomiting nicely, with the exception of an occasional attack of vomiting, when he would empty his stomach of quarts of fluid and mucus, highly tinged with bile.

When the pain and vomiting were controlled, he was able to take considerable nourishment. Under the use of diuretics the urine soon became free from albumin, and remained about normal until the seventh month of his sickness, when the secretion was somewhat suppressed, and his feet and limbs began to bloat. At this time there was no albumin nor casts in the urine. Again by the use of diuretics the secretion soon returned to the normal, and the œdema disappeared. Several times after this his feet and limbs would begin to swell, but he was promptly relieved each time by the use of diuretics.

There came a time, in about the eighth

month of his illness, when all the organs of the body were apparently performing their normal functions, and we flattered ourselves that he was in a fair way to recover, *but we could not stop the pain*, and I was really at a loss to know *why we could not*, after being so successful in other respects.

Presently another complication presented itself in the form of hiccough, and although controlled at first with simple remedies, soon became alarming, and produced most distressing paroxysms of pain and dyspnœa. After continuing nearly two weeks, baffling all our remedies, including electricity and hypodermic injections of morphia, the hiccough even continuing during the sleep produced by the latter. I was led to try hydrochlorate of pilocarpine, on account of its action on the phrenic nerve, knowing, too, that it is recommended for hiccough. I injected  $\frac{1}{6}$  gr. hypodermically, and remained with my patient to watch the result. It was almost immediate; the hiccough had ceased within twenty minutes. In about twenty minutes more it returned. I repeated the dose, and to my great satisfaction the hiccough immediately disappeared, never to return.

After he rallied from the effects of this severe complication he really seemed to be improving more rapidly than ever, and we were again sanguine that he might recover. He began to feel so much better that he thought a little exercise would do him good, and, while sitting alone one day, concluded to test his strength by walking about the house. He had walked only a short distance, when the pain, which had been gradually growing less, suddenly increased, and became more severe than ever. He was seized with most excruciating pain and cramp in his legs, and would draw

them up until they were flexed upon the abdomen, and required the aid of an assistant to straighten them out again.

By the use of the hypodermics of morphia and atropia I was able to arrest the cramps and quiet the pain, but immediately another complication presented itself in the form of herpes zoster, extending from the lumbar region down the left leg to the foot. This, too, proved a very painful affair. All the nerves below the lumbar region became acutely inflamed, and their course could be traced by the hyperæmia, heat, redness, swelling and pain. This was pain indeed, and although it gradually subsided, yet it was making such inroads upon his strength that it was evident that there were no hopes of his recovery.

After this the pain began to extend higher, and located itself in the intercostal nerves, a little more severe on the right side than on the left. In order to get relief from the pain in this location, he began to draw his shoulders forward, and when the pain was severe he would sit for days resting his face upon his knees. It was surprising to see the position assumed.

The deformity was as great as that of a person suffering from an angular curvature of the spine, and although there was no evidence of a distinctive change of the bodies of the vertebræ, yet I think there must have been some absorption of the intervertebral substances to allow such a great deformity. If an attempt was made to place him in a hori-

zontal position, it produced the most intense suffering, which could not be quieted for hours. It became necessary to keep him under the influence of anodynes most of the time.

This condition of things continued until he was reduced to a mere skeleton, and death finally ended his sufferings October 21, 1887, after the painful illness of seventeen months. The pain and deformity continued until death, and with it came a complete relaxation, and nothing remained to lead one to suppose that any such deformity ever existed. He died from exhaustion.

An autopsy was held, and revealed a perfectly normal condition of all the organs, aside from the great anæmia. He was reduced to less than one-third his normal weight.

The history of this unique case might almost be summed up in one word—pain. Spontaneous pain was the most prominent symptom, which continued throughout his whole illness, and at times was so severe and continuous as to destroy all self-control, and demand the employment of every legitimate agent we possessed to benumb and quiet.

In the treatment, all forms of tonics indicated, especially those directed to the nervous system, and anodynes were employed, but the pain was so intense and continuous that it counteracted the desired effect of them all, and the most I can say for the treatment is that it mitigated his sufferings, and undoubtedly in this way prolonged his life a little.

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ANTIPYRINE.—Dr. Germain See (*Ther. Gaz.*). Antipyrine is the remedy *par excellence* for pain. He reports four cases of facial neuralgia (one failure); six of migraine (one failure); five of sciatica

(one failure); five of locomotor ataxia, in four of which pain was controlled; six of cardiac disease and aneurism; hypodermically in biliary calculi, renal colic, asthma and severe dyspnoeas.



## TRANSLATION

FROM THE ARABIC MEDICAL JOURNAL, "AL SHIFA," APRIL 15, 1888.

## BILHARZIA HÆMATOBIA.

We have received from our amiable *confrère* Dr. Fouquet the following letter, which we hasten to publish:

*My Dear Confrère*—In the February number of your excellent journal you wrote to one of your correspondents that no specific remedy had as yet been discovered for the hæmaturia caused by the *Bilharzia Hæmatobia*. This information is no longer exact, as you will see by the accompanying pamphlet, which I published in 1885, and which was reviewed at the time by Dr. Karali, of Tanta, in the *Maqtatuf*. [The review of this pamphlet was also published in the first volume of *Al Shifa*, page 149, 1886.—ED.]

The treatment which I uphold is very simple, and has proved infallible in every case where the invalid persevered with the remedy from six weeks to three months. The blood disappears from the urine after a few days' treatment. I use capsules of *eth. ext. filicis maris*, giving from one to four capsules a day, according to the age and strength of the patient, and taking care to administer the medicine at least one hour before meals.

Besides the fifteen cases related in my monograph, I can to-day add other thirty, not counting the cases reported by Dr. Rich, of Cairo, and Dr. Spiess-Bey, of Alexandria, that go to confirm this little discovery.

I should be much obliged to you if you would publish my letter in the April number of your journal, and I beg you to accept, my dear *confrère*, the expression of my best sentiments.

DR. FOUQUET.

NOTE BY THE EDITOR.—When we published our article on the treatment of *Bilharzia Hæmatobia* we did not forget the remedy proposed as a specific by our estimable friend, Dr. Fouquet, but we have simply considered it, like all the remedies proposed for this disease, as being only palliative, and we have considered the recoveries of the fifteen cases already published as due, not so much to the specific action of a drug, as to the combined effect of all the other means employed.

Our conviction in this matter remains the same, for we know very well that this malady often disappears by itself without any treatment further than a strict *régime* and the removal of the causes that give rise to the disease (*e. g.*, all the ingesta to be cooked and the drinking water boiled).

We are at the same time very glad to know that Dr. Fouquet is assiduously prosecuting researches on this subject, and that he is now able to report other thirty cases of cure by the same remedy.

Whatever may be the merit of this treatment, we beg our medical colleagues to try it on their patients, so as to extend the field of observation and permit of a solid judgment on the matter.

We do not wish to let this opportunity slip of

sounding the praises of our amiable *confrère* for his criticism on us, as this denotes that, although he does not know Arabic, he has made himself acquainted with the article in our publication, *Al Shifa*, notwithstanding the trouble of having to employ an interpreter.

This is not the first time he has given us the proof of what we now advance. His numerous communications are to be found in *Al Shifa*, which confirm our statement.

Every time that we think of this—every time we compare with this our own indifference, we ought to be ashamed—we who read the Arabic language, but yet allow the dust of the tombs to cover the journal we find in our hands, shut—that we open not, but even if open that we read not, and if by chance we do read it, yet we remain as inert as before. It does not even suggest an idea to us, nor does it elicit from us a single observation, just as if it were a shroud, and we—dead.

Every time that we see a manifestation of this thirst after knowledge and research on the part of the Occidental we are bound to admire his activity, and we ought not to be astonished at his progress; but while we are in despair about our own state, we ought not to be astonished, under the circumstances, at being left behind.

What increases still more our despair is our being content to rest on the laurels of our ancestors, and our denying to foreigners any glory on account of the obscurity of their progenitors; as if our ancient but faded glory should outvie their glory so recently obtained.

As for us Orientals, if the truth is to be told, we prefer the indignation of him who says of the Occidentals, "Censure to the ancestors, but praise to the children," to the glorification of him who says of the Orientals, "Praise to the ancestors, but censure to the children;" progress being the nobility of man, while standing still or going backward is his shame.

We are in reality dead, except for the actions which are prompted by a vile jealousy or hatred; we are not moved by the motive of utility; we do not understand its sense or its value, and we do not comprehend merit; we know not how to recognize it; we are actuated by motives of vengeance, as if we were sensible only to that which gives pain.

We exclude neither our princes nor our men of science. You may tell the latter that we have treated them with contempt, and that history, which is a severe judge, has already done the same. Unhappy the people whose men are but big children.

The straightforward man is he who deceives not by his flatteries, though he knows full well that flatteries please. We have more than enough of evil that they have caused, but he who speaks openly and loudly the truth must anger some, for it is the truth that wounds, and those who cry out most are the men of straw,

and such whose rage we fear not. On the contrary, we make it a duty to be disagreeable to them in the interest of the nation and of the country.

The above editorial note was written in too classical Arabic for the young censor of the press to understand, so he had recourse to the interpretation of those who have a spite against the *Shifa*, and the result was the following thunder-bolt:

[TRANSLATION.]

MINISTER OF THE INTERIOR, {  
PRESS BUREAU. }

CAIRO, 14 *Shaahan*, 1305.

*Manager of the Shifa*—You have published in your third number for the fifteenth of April, 1888, a letter under the title "Bilharzia," and commenting upon it through a paragraph emanating through your stubbornness, you have criticised certain particular persons; you have attacked certain princes and certain men of science, which is no part of the duty of your journal. You have gone beyond the limits of the engagement entered into with respect to your journal, and you have interfered with administrative affairs. On that account we send you this "*avertissement*," and if you again transgress, you will be treated according to Article 13 of the Press Law.

You will have to print this "*avertissement*" on the first page of your next issue.

Signed,

Minister of the Interior,  
MUSTAFA PASHA FAHMY.

The above request was complied with, but with the following commentary:

It seems that we are wrong in saying that as far as science is concerned the Orientals are dead, and that their men are children who feel only that which wounds them, and even that must be inflicted so as to be engraved on the mind, and not be dissipated on the air.

The proof that we are wrong would be this severe "*avertissement*," emanating from the stubbornness of the Press Bureau and of the Minister of the Interior.

This "*avertissement*" we insert here as a sign-board, for if we have erred in that which we have said, it will serve as a warning to us, and we gratefully accept it without endeavoring to elude it.

If on the contrary we are right, do you not see on it a mark in our favor? But do excuse those who have addressed it to us. It is to history that belongs the indisputable right to attach to men's actions either shame or glory.

Yet the words we have addressed to ourselves, "we who read the Arabic language," great and small, prince and boor, learned and ignorant, apply as much to Egypt as to Syria, to Syria as to Irak, to Irak as to Algeria, etc.; in a word, they embrace all the Arabic speaking countries.

Consequently the terms in which we have expressed ourselves give the lie to the phrase by which the Minister of the Interior pretends that we have "criticised certain particular persons, and attacked certain princes and certain men of science."

If so, who are those particular persons? Let them come with us before the tribunals, as we are led to believe that Egypt of to day is administered by law and not by despotism.

If, on the other hand, we have been dealing with generalities, it appears to us that we have a right to do so; which, moreover, is the right of every one.

We are persuaded that there must be a misunderstanding in this matter, else the said minister would not have treated us in a fashion so discouraging, in recompense for scientific labors that we pursued spontaneously for many years with a noble and general aim, not having the slightest *penchant* to be engaged by the Government with a particular and vile object in view.

Certainly, had we served in the last capacity, we should have followed a more lucrative way; but it is well that it should be known that men vary in opinion, as in elevation of spirit.

In saying this we do not mean to vaunt ourselves, but to show, on the contrary, that if, notwithstanding our weakness, we have been able unaided to render some service, it is the duty of every member of society to give to his actions an aim more general than that which attaches to his own proper person, at the risk of being considered a useless member of society. There is no merit in fulfilling one's duty to one's neighbors, but blame attaches to him who neglects it.

If we have said that all the orient without exception is plunged in a profound scientific and literary torpor, we are convinced that no one will dare to contradict us. If we have been severe rather than mild in our remarks, it has been only to attract attention and have our voice listened to. For great evils we must have great remedies, and our malady is certainly desperate.

We have said nothing but what other respectable journals repeat every day; nothing that Prof. Virchow has not said in the Egyptian Medical society. We do not, however, forget the proverb, "the patronizing eye sees no faults, while the jealous eye perceives only defects."

If we have criticised our own faults, it is because we are persuaded that the nations that are making progress in civilization are those which make their faults an object of constant study, with a view of rectifying them.

Having this conviction, we prefer to follow these rather than those who try to conceal their faults, and that make themselves believe that they have imaginary qualities,—an illusion which never fails to end disastrously.

In all this our sole aim has been to aspire to elevate things, and to raise ourselves above vile and base things, with the hope of being able to make for ourselves a real and worthy existence, which would permit us to be not always for the social body what parasites are to the human body, not knowing to weave a dress or make a needle.

It is the seal of this noble aim which has marked all we have written since we have taken the pen in hand, and nothing will turn us aside from it; and when we are opposed in the accomplishment of our object, we defy censure to inspire us with fear.

We fail to see in what respect we have gone beyond the limits assigned to our journal.



## ABSTRACT A.

**SNAKE BITE AND ITS ANTIDOTES.**—By H. C. Yarrow, M.D., Curator of the Department Reptiles, U. S. National Museum. After reading de Lacerda's views regarding the antidotal effect of the permanganate of potassa in cases of serpent bite, the writer was so firmly convinced of its merits that, during his travels in the Western States and Territories, he invariably carried with him, with a blind and unquestioning faith, a hypodermic syringe and some permanganate of potassa, prepared in case of serpent bite to promptly administer according to de Lacerda's directions, but his confidence was weakened to a certain extent by the results of the experiments of Vincent Richards, Fayer and others, and, to verify if possible the different statements, he determined to experiment himself with the permanganate, and as will be seen from the recorded notes below, was forced to the conclusion that this salt was of little or no value, at least in poisoning from *Crotalus* venom, if de Lacerda's suggestions only are followed.

The venom used was obtained from several healthy specimens of the northern rattlesnake (*Crotalus horridus*) in the manner recommended by Weir Mitchell. The snake is seized a short distance behind the head by means of a staff, having at its end a thong of leather passing over the end and through a staple, and this is tightened or loosened, as occasion may require, by means of a string extending up the handle. The cut, copied from nature, clearly shows this simple instrument. It has been found necessary not to confine the snake's head too tightly, as otherwise it cannot be induced to strike. The head being secured, a stick having its end covered with absorbent cotton is pressed against the snake's mouth, and it is teased until sufficiently irritated to strike its fangs into the cotton, which receives the venom and obviates any danger to the fangs, as it has been found in allowing snakes to strike against a saucer the fangs are frequently broken off. Generally a snake will strike three or four times very viciously, and then relapse into sullen apathy. We have in vain endeavored to procure venom from our snakes by press-

ing over the poison glands, but this has been unsuccessful, except in one instance, unless the snake was chloroformed, and if this is done the reptile generally succumbs within a few days. This fact is mentioned, as it has been learned through the public prints that some experimenters in a neighboring city have succeeded in squeezing out the venom while the snake was active.

The quantity of venom obtained from different individuals varies greatly. From a large rattler weighing perhaps three or four pounds, our first attempt resulted in securing about fifteen drops of venom after the reptile had struck three times; but if the process is repeated every day or two, but a very small quantity is obtained. The smaller snakes gave a much smaller quantity. The cotton, after having received its charge of venom, was removed from the stick and washed out carefully in glycerine, and by measuring the quantity of this substance first, and then after the venom had been added, we were able to tell accurately the strength of the solution, which consisted of eight drams of chemically pure glycerine and one dram of the venom. This is the preparation which was used in all the experiments, and is called glycerine-venom. One fact should be stated as bearing upon the popular belief that snakes, if kept from water, are not poisonous. It was found that by keeping the rattlers without water for a week or two the quantity of venom was materially smaller than when we allowed them free access to water, and that the color of the venom, which was yellowish green when no fluid was supplied, became much lighter in color when they had freely drunken. We have never been able to induce our rattlesnakes to eat, although they have been tempted with a variety of food, but water they consume largely.

When the present supply of rattlers was first received, it was a very easy matter to grasp any one of them behind the neck with the snake staff; but experience has taught them that they must do something against their will, and now it is quite difficult to secure them, and even when secured it is difficult to make them strike; in fact, one specimen is now so



tame that it may be handled with impunity, and it is the writer's belief that a rattler, if carefully and tenderly handled, will not bite the hand that grasps it. It is believed the Moqui Indians are aware of this, and it enables them to handle with impunity the venomous snakes used in their fearful dance, so well described by Capt. John G. Bourke, U. S. A. Many persons suppose that the fangs of a rattler

knows that it is useless to show fight when the fangs have been removed, and this has been practically tried on one of our snakes. She continued to coil and rattle, but no matter how much teased and irritated, makes no attempt to bite.

An interesting fact has been noticed during the course of our experiments, and one which it seems important to record. It is that the rattler does not invariably



once removed, the reptile is harmless for all time, or that at least a year is required to replace the fangs. This is an error, for the writer has in his possession a rattler in which the fangs were twice replaced after an interval of three weeks only. As the rattler doubtless knows when the contents of the poison gland is exhausted, as is evidenced by his refusal to bite after two or three efforts, he probably also

use both fangs in striking, the muscular movements of either side of the jaw being quite independent of the other and quite at the will of the reptile. The practical bearing of this point is that occasionally in snake bite but one puncture will be found, and some doubt might exist if this was really due to the serpent's fangs or not. Another point of interest lies in the fact that if only one fang is plunged into

the tissues the patient will not have received so large a dose of the venom as if both teeth had been used, and a more favorable prognosis can be made.

*Experiments with Permanganate of Potash.*—This was the first substance used in the experiments, and de Lacerda's directions were carefully followed, with the exception that chemically pure glycerine was used as a menstruum to preserve the venom, instead of distilled water. The writer is aware that de Lacerda claims that if glycerine is used to hold the venom in solution the permanganate is rendered inert, but this is not the case, as in our experiments it has been found that a 5 per cent. solution of the salt if added to the glycerine and venom solution neutralizes its poisonous effects; moreover, if a ligature is placed around the leg of an animal and a certain quantity of glycerine-venom is injected below the ligature, followed by a solution of the permanganate, no poisonous effect is produced by the venom. This effectually disproves de Lacerda's statement. It should be mentioned that in all the experiments tried with the various reputed antidotes, different quantities of these were always first injected into the animals on the day preceding the test with the poison, in order to ascertain if the remedy itself was capable of producing mischief or death.

In order to ascertain the amount of glycerine-venom required to destroy a pigeon, the following experiment was made October 21, 1887:

11.45 A. M.—Injected pigeon in the lower part of left breast with 3 minims of glycerine-venom solution.

11.48 A. M.—Pigeon commenced to tremble and had difficulty in opening the eyelids.

11.55 A. M.—All voluntary motion ceased.

12 M.—A good deal of tumefaction was noticed around the part injected.

12.05 P. M.—The pigeon has recovered partial muscular movement and the eyes appear brighter.

12.15 P. M.—The pigeon has again lost muscular power.

12.35 P. M.—The pigeon gave two slight flutters, a few gasps, and was dead. A post-mortem was made before rigor mortis set in, and it was found that the whole of the left breast was ecchymosed

and congested with dark blood, and the heart was filled with venous blood.

It was thus discovered that three minims of the venom solution was sufficient to destroy a large healthy blue rock pigeon in less than one hour, the strength of the solution being eight drams of glycerine to one dram of the *Crotalus* poison.

Oct. 22—11.43 A. M.—Injected pigeon with 5 minims of venom solution in the left breast.

11.45 A. M.—Injected 17 minims of 1 per cent. solution of potassa permanganate in left breast.

11.54 A. M.—Convulsive movements of the pigeon's head were noticed.

11.55 A. M.—Injected 17 minims more of the permanganate solution, as the bird was getting very feeble. Opisthotonic spasms took place.

12.15 P. M.—The pigeon died without a struggle.

In this experiment the permanganate solution was injected twice in the immediate vicinity of the venom injection. It should not be forgotten that the 1 per cent. solution of the permanganate is the one recommended by de Lacerda.

Oct. 25—12.45 P. M.—Injected a large healthy English rabbit in the left thigh with 5 minims of the venom solution, followed at once, without removing the hypodermic needle, with an injection of 25 minims of the 1 per cent. permanganate solution.

12.50 P. M.—Rabbit began to show the effects of the venom; respiration very much quickened; heart beats fast and is weak; animal indisposed to movement.

1 P. M.—Animal drank a little water, but was breathing short and fast.

1.10 P. M.—Part injected quite swollen and ecchymosed, but otherwise the animal seemed to be better.

1.40 P. M.—Rabbit was eating, and appeared to be doing very well.

3 P. M.—Rabbit seems perfectly well, with the exception of a stiffness of the leg injected.

Oct. 26—12 M.—Rabbit appears perfectly well, with the exception of a slight lameness and some swelling of the injected limb.

Oct. 27—Rabbit found dead in the cage. Post-mortem: Heart contracted, lungs, liver and kidneys congested, bladder full of urine, intestines full of fæces.

In the vicinity of the point of injection was found a large abscess, and the surrounding tissue and whole limb was ecchymosed, and had sloughed deeply. The liver, lungs and mesentery were studded with parasitic cyst worms still living. Decomposition was well advanced in the affected leg.

In the next experiment it was decided to use a smaller dose of the glycerine-venom, the subject being a large healthy English rabbit.

Oct. 27—11.45 A. M.—Injected rabbit in left thigh with three minims of venom solution, to which was added ten minims of water, without withdrawing the hypodermic needle; this was followed at once with an injection of 25 minims of 1 per cent. permanganate solution.

11.50 A. M.—Respiration and heart's action much increased, with a curious backward movement of the animal.

11.55 A. M.—Complete loss of motion in leg, with considerable tumefaction of the part injected. Animal averse to motion even when irritated.

12.30 P. M.—Animal moves more freely, and seems better, although there is much more swelling and discoloration in the vicinity of the point of injection.

3 P. M.—Animal appears to be doing very well.

Oct. 28—12 M.—Great tumefaction of leg and thigh, œdema of rectum. Punctured and let out large amount of bloody serum. Animal has eaten, but is averse to movement.

3 P. M.—Animal very sick; unable to stand; all motion of hindlegs lost; is very weak.

Oct. 29—10 A. M.—Rabbit was found dead in its box, excessive hemorrhage having taken place from the wound. Post-mortem: Great infiltration of blood in the leg and surrounding tissue. Much decomposition and sloughing.

It was now determined to try the effect of placing a ligature around the leg of a fowl before injecting the venom, with the following result:

Nov. 2—Hen injected in left thigh with 3 minims of venom solution with 10 minims of water added.

12.40 P. M.—After a ligature had been placed two inches above the place of injection, without withdrawing the needle,

25 minims of 1 per cent. permanganate solution was injected.

12.50 P. M.—The ligature was removed.

1.25 P. M.—Hen draws up the leg injected and stands on the other.

Nov. 3—Fowl apparently in fair condition, but there is much greenish discoloration of the leg and softening of the tissues contiguous to the joint where the venom was injected, abscess forming. Is quiet and stands upon both legs, but does not use the left leg.

Nov. 4—Fowl in about the same condition as yesterday; greenish discoloration more marked, but not extending so far into the surrounding tissue. Part quite soft and feverish.

Nov. 5—Fowl suffering no inconvenience from the injection; discoloration of the part subsiding; very little swelling.

Nov. 6—No result.

Nov. 7—Discoloration and swelling of part injected have entirely disappeared, and the fowl has entirely recovered from the effects of the venom.

It will be seen from this experiment that the permanganate had a decided antagonistic effect to the venom, doubtless because the ligature confined the latter to limited area, and prevented it being carried into the general circulation. In the next experiment the venom solution and permanganate were mixed together and used with the result as noted below.

Nov. 3—12.10 P. M.—Injected into the right leg of a fowl 3 minims of glycerine-venom, 5 minims of water and 30 minims of 1 per cent. solution of permanganate, mixed in vessel and allowed to remain together two minutes. Solution of permanganate changed at once to a color resembling solution of dragon's blood.

Nov. 4—Fowl appears to suffer no inconvenience from the effects of yesterday's injection. Slight swelling and discoloration, and only a slight increase of temperature.

Nov. 5—Fowl as well as ever.

Nov. 7—Discoloration of and swelling of the part injected has disappeared, and the fowl is in a perfectly healthy condition.

With a view to still further determining the beneficial effect of the ligature, the following experiment was tried with a large dose of the venom and of the permanganate:



Nov. 10—12.45 P. M.—Injected 10 minims of venom solution into right leg of hen below ligature, followed at once by 25 minims of 2 per cent. solution of potassa permanganate. Ligature allowed to remain on three minutes. The tissues near puncture were well kneaded. (This chicken was injected before with 3 minims of venom and 1 per cent. solution permanganate.)

2.30 P. M.—Fowl inclined to stand still, otherwise no other symptoms noticed.

Nov. 11—11 A. M.—Fowl not inclined to move around, but sits down; not much swelling or inflammation of the part injected, but a little darkened in color; eats well.

2.30 P. M.—Fowl appears to be much better than she was this morning; eats and drinks as usual.

Nov. 12—11 A. M.—Fowl slightly lame in the leg injected; part swollen, with greenish discoloration; eats and drinks well.

2.30 P. M.—Fowl in same condition.

Nov. 13—No result.

Nov. 14—Fowl entirely recovered.

It was thought advisable to try the antidotal effect of a much stronger solution of the permanganate, giving a small dose of venom, the result being as follows:

Nov. 21—12.18 P. M.—Injected 3 minims of venom solution into left leg of hen, followed at once by 25 minims of 5 per cent. permanganate solution through same puncture without removing the canula.

12.22 P. M.—Leg drawn up and trembling, respiration quickened, and chicken lying down—can hardly be made to stand up, and oscillates backward and forward; feathers ruffled.

3 P. M.—Chicken will not stand; loss of motion of leg injected.

Nov. 22—11 A. M.—Chicken somewhat better; can use the leg injected a little, but still inclined to lie down. Much swelling and greenish discoloration of the leg.

Nov. 23—Hen in about the same condition as yesterday. Will not stand up.

Nov. 25—10 A. M.—Hen found dead; much swelling and sloughing of the leg injected

This same experiment was repeated upon other fowls and upon rabbits, the result being death.

It should be remembered, in this con-

nection, that de Lacorda claims that in nearly every case in which he used a one per cent. solution of the permanganate the animal recovered; and, moreover, he claims that the antidotal effect is produced even if a considerable period of time has elapsed after the injection of the venom. In our experiments we have shown that even a five per cent. solution is of no value, and the reputed antidote was used immediately after the injection; in fact, so soon as the venom was injected the barrel of the hypodermic syringe was immediately unscrewed from the needle, which was allowed to remain imbedded in the tissues, the syringe was rapidly filled with the permanganate, and the injection was then made. Sometimes less than half a minute was consumed in the whole operation.

*Experiments with Ammonia.*—Were it not for the fact that many persons still believe in the antidotal efficacy of ammonia in snake-bite poisoning it would not have been thought worth while to experiment with this agent any further, as a number of observers from the time of Fontana to the present day have proved not only its absolute uselessness, but have also shown that under certain conditions of administration it is dangerous to life. Weir Mitchell says that in one case he thinks he actually destroyed a dog with the means which was meant to save him, and our experiments, it is thought, will show a similar condition of affairs. To Dr. Halford has been attributed the method of cure of venom poisoning by ammonia, but this is an error, as has already been shown in this paper, and if further proof is wanting it may be found in the *Medical Times and Gazette*, London, 1873, ii., p. 216, which gives the translation of a letter written by Felix Fontana to Mr. Gibelin, dated Florence, July 1, 1782, in which he states he experimented upon lambs and rabbits, using from twenty to forty drops of ammonia injected into jugular vein; none recovered. He also states that twelve experiments may not be sufficient to show the absolute inability of ammonia as an antidote, but they show it is not a specific. In his work on poisons, p. 3, he says in reference to its use externally or internally, "It is then a fact proved that ammonia is entirely useless, whether applied simply to

the bitten part or whether taken internally, and there is every reason to suppose that it was hurtful."

Inasmuch as Dr. Halford revived an interest in the ammonia plan of treatment, it seems only fair to give a resumé of his plan of treatment, which will be found in his pamphlet entitled, "New Treatment of Snake Bite," by G. B. Halford, Melbourne, 1869, p. 16, in which he recommends the bite to be cut out, and when symptoms of drowsiness or sickness come, inject ammonia, ten drops to twenty of water, into vein (adult dose) with hypodermic syringe pointed toward heart (does not mention care to be taken to avoid air entering vein). Gives a number of examples. Speaks of injecting ammonia into right and left ventricles of heart, carotids and jugulars, the dog being under chloroform. Half drachm liquor ammonia B. P. sp. grav. 0.959 every fifteen minutes or so for several hours. Dogs not injured, but were finally killed, as chest had been opened.

He again discusses the subject in the *Medical Times and Gazette*, London, ii., pp. 90, 170, 224, 323, 461, 575, 712, and give a number of apparently well authenticated cases.

Average length of time it takes to kill dogs with cobra bite, according to Halford, is 3h. 23m.; *Haplocephalus curtus*, 2h. 15m.; fowls by cobra, 18m. Some die in much shorter time.

Foyr found that the injection of ammonia into the veins of healthy dogs was followed by grave consequences, such as convulsions and marked muscular prostration, and no immunity was produced when the animals were bitten by cobras. He thought the ammonia treatment hastened death, and Healey (G. D.) and Rees (W. C.) report a case of snake bite in the *Australian Medical Journal*, 1874, xix., p. 49, in which ammonia was injected into the veins and brandy given internally, which resulted in death.

In our own experiments, believing that the venom, or at least a part of it, remained in the vicinity of the wound and was gradually absorbed, instead of injecting ammonia into a vein, it was thrown into the tissues contiguous to the part where the venom was injected, with the following result:

Nov. 4, 1887—12.53 P. M.—Injected a

strong, healthy pigeon in the right side of the breast with three minims of glycerine-venom, followed at once with 25 minims of ammonia solution.

12.55 P. M.—Bird died, having had tetanic spasms almost immediately after the last injection. The post-mortem examination showed the heart to be empty, and much fluidity of the extravasated blood in vicinity of wound was noticed.

Inasmuch as it had been shown by previous experiments that a lethal dose of 3 minims of glycerine-venom requires a much longer time to produce death in pigeons, the supposition naturally arose that perhaps the ammonia itself was the cause of death, and the following experiment was tried a few days after:

Nov. 8—12.11 P. M.—Injected 25 minims of ammonia solution in breast of healthy pigeon.

12.13½ P. M.—The pigeon fell over backward from its perch, gave a convulsive struggle, and died in half a minute.

Five minims of glycerine-venom were thrown into the leg of a rabbit, followed by 30 minims of ammonia solution, and the rabbit perished in five minutes.

The question may well be asked, if Halford's solution of ammonia has such a startling effect when injected into the tissues, what would be the result of throwing it directly into the veins? The evidence being so conclusive regarding the inefficacy of ammonia as an antidote, no further sacrifice of animals were made.

*Euphorbia*.—Among the many remedies that have been recommended in snake bite the different species of *Euphorbia* hold a prominent place; in fact, in the Western States and Territories it is believed a specific not only for man, but for beast, as has been stated to the writer by his friend Capt. Charles Bendire, U. S. A., and that this belief was held by our transatlantic brethren is shown by the following statement of Dr. Hurant (*Jour. de Chem. Med. Pharm. et Toxicol.*, Par., 1839, 2 s., v. 272):

While botanizing in the country a favorite dog was bitten by a viper; fortunately close at hand he found the *Euphorbia cyparissias*, and having expressed some of the juice he pressed it into the wound and applied the bruised leaves. The dog recovered.

Dr. B. J. D. Irwin, U. S. A., *A. J. M. S.*,

Phila., 1861, n. s., p. 89, speaks of using *Euphorbia prostrata*—called Gollindrinera by Mexicans. Gave four fluid ounces of a watery solution of *E. p.*, and applied bruised plant to wound; repeated dose in one hour. Animals recovered. Other *Euphorbias* said to be useful: *Capitata*, *correliata*, *palustris*, and *villosa*.

In view of these statements it was determined to try the antidotal effect of *Euphorbia*, but unfortunately only one species could be obtained at this season—*Euphorbia maculata*, of which a strong tincture was made, and to ascertain if it possessed itself poisonous qualities, at 12.45 P. M., Nov. 12, 1887, a healthy male rabbit received in right hindleg a hypodermic injection of 50 minims of the tincture, and no unpleasant symptoms were manifested, the animal having been carefully watched. Nov. 14 he was perfectly well. Next experiment was as follows:

Nov. 12—12.30 P. M.—Injected 5 minims of venom solution in hindleg of rabbit, followed at once by 50 minims of alcoholic tincture *Euphorbia maculata*, and 2 fluid drams given by stomach, and wet pad of tincture applied over wound.

12.35 P. M.—When released, animal was very feeble, hardly able to stand.

1.15 P. M.—Gave rabbit 1 dram of tincture *Euphorbia* and 1 dram of water per mouth; animal very weak.

1.20 P. M.—Rabbit very nearly dead; respiration fast; has lost all motion.

2.15 P. M.—Rabbit quietly died; very little swelling or discoloration of the part injected.

This single experiment is given for what it is worth, and can hardly be considered as a fair test, but efforts will be made to obtain the species of *Euphorbia* mentioned as an antidote by Dr. Irwin, and its effects will be further investigated.

*Jaborandi*, *Rue*, *Walnut*, *Gunpowder*, *Etc.*—Dr. Robert Fletcher, in his valuable paper entitled "A Study of Some Recent Experiments in Serpent Venom," in the *Am. Jour. of Med. Sci.*, 1883, n. so., lxxxvi., 144, mentions a case reported by a French physician of a person bitten by a viper, in which the very grave symptoms developed had been cured by the administration of *jaborandi*, which produced copious salivation and perspiration, the dangerous effects of the venom gradually disappearing.

This case was looked up and was found in the *Gaz. Hebd. de Med. et Chir.*, Par., 1882, xix. 835, the reporter being Dr. Josso. He states that the patient was bitten by a viper between the thumb and index finger, and that when called to see her all the characteristic dangerous symptoms of poisoning from snake venom were present, notwithstanding that phenic acid had been freely used as a supposed antidote. Having seen an account of the use of *jaborandi* by the South Americans in snake bite, he determined to give it a trial, and four grammes of the leaves were infused in a glass of water and given at 2 P. M. of the 13th inst., and on the 14th the patient was well, with the exception of pains in the arms and some swelling, which lasted for three weeks after the accident. As already stated, copious salivation and perspiration were produced, but no mention is made of any action upon the kidneys. As no other cases had been reported, and the writer being aware that venom was supposed to be eliminated by the skin and kidneys, he determined to examine the subject thoroughly. The testimony, so far as could be ascertained, is as follows:

Dr. B. S. Barton, in "An account of the most effective means of preventing the deleterious consequences of the bite of *Crotalus horridus*, or rattlesnake" (sm 4to, Phila., 1792), speaks of the use of the common garden rue (*Ruta graveolens*) as used by the Indians of New Jersey to produce copious perspiration as a cure for rattler's bite, giving two tablespoonfuls of the juice every two hours until violent sweating was produced. The author thinks it may have been of service. In some cases after a bite a ligature was applied above the injured part, wound scarified, and salt and gunpowder laid in the wound; over the whole was bound a piece of white walnut bark (*Juglans alba*). Early settlers do this. The salt and gunpowder excite a discharge of blood from the scarified part, especially of serum, and the white walnut bark possesses the evacuant power of cantharides, and contributes to the further discharge of the serum and with it the snake poison. He gives quite a long list of plants which have been used and recommended.

Dr. A. Coutance, in his work entitled "Venins et Poisons," 8, Paris, p. 178-179,



speaking of a dog bitten to death by a *fer de lance*, says: "A cubic centimeter of urine from a dog, dead from the bite of a *Trigonocephalus*, was injected beneath the skin of a rat, which died the next morning. The kidneys are, therefore, as believed by Lauder Brunton and Fayrer, a means by which serpent venom is eliminated. Richard Balsamos killed pigeons by inoculating with the urine of dogs which had been bitten in India by venomous sea snakes, but it is a question if normal urine might not produce the same effect by reason of the ptomaines contained therein."

As some non-professional readers may care to know what jaborandi is, and what effect is produced by it, the following short summary is given:

Jaborandi is an extract made from dry leaves of *Pilocarpus pennatifolius*, a South American plant, its properties being due to a volatile oil and two alkaloids, pilocarpine and jaborine.

Dose: Extract, gr. ii-x.

Dose: Infusion, fl. oz. ss.

Dose: Pilocarpine nit., gr.  $\frac{1}{4}$ -ss.

Dose: Tinct. jaborandi, U.S.P., fl.oz.  $\frac{1}{2}$ -1.

Dose: Ext. pilocarpine fl., m. 5-60.

"Pilocarpine stimulates the peripheral terminations of efferent nerves going to glands, and first stimulates and then paralyzes the efferent nerves going to structures composed of involuntary muscular fibre. In large doses it lessens, but does not destroy, the irritability of voluntary muscles and motive nerves." (Lauder Brunton.) It increases flow of saliva enormously, the secretion of sweat, and excites the secretion of tears, cerumen in ears, mucus from nose and from bronchial mucous membrane, of gastric juice, intestinal juice and urine from the kidneys. Upon the circulation: Vessels become dilated at first, pulse rapid, feeling of heat over the body. Blood pressure falls a little at first with quicker pulse and rises with a slower pulse. Respiration is increased, with dyspnoea. Is used as a cardiac stimulant when digitalis fails."

Now, as will be seen from these statements, this South American plant really seems to possess all those properties which might be supposed necessary to constitute a true physiological antidote to serpent venom, and so far as our limited experiments go, there appears to be good war-

rant for such a belief, as in all our experiments the so-called antidote was first tried on healthy animals without producing any ill-effects. The first experiment was as follows:

Nov. 28—12.20 A. M.—Injected 5 minims of solution rattlesnake venom into left leg of strong rabbit, followed immediately by 10 drops fluid ext. jaborandi in 10 drops of water, and 10 drops jaborandi and  $\frac{1}{2}$  oz. water was forced into the animal's stomach with a syringe.

2.30 P. M.—Animal slightly lame in the injected leg; holds it up when walking, but eats well.

Nov. 29—11 A. M.—Animal still a little lame, and slight swelling and tenderness of the injected leg; otherwise seems to be in good condition.

Nov. 30—11 A. M.—Animal in about the same condition as yesterday, but improving.

Dec. 1—11 A. M.—Animal still slightly lame; a hard tumor formed at the seat of injection.

Dec. 2—11 A. M.—Animal in same condition as yesterday; appetite normal.

Dec. 5—Swelling entirely gone, animal perfectly well.

It was noticed in this case that the animal urinated freely and very frequently, and that the mouth and nostrils were very moist. Chickens and pigeons being peculiarly susceptible to venom, it was determined to try the effect of the jaborandi upon them, and on

Dec. 3—12.30 P. M.—Injected 5 minims of *Crotalus* venom into leg of chicken, followed by 10 minims of fl. ext. jaborandi, in water by the stomach.

1 P. M.—Chicken appeared not so well, lying down. Gave 10 minims more of jaborandi in stomach.

3 P. M.—Chicken standing up and feathers drooping. Does not seem very sick.

Dec. 5—10 A. M.—Chicken found dead; probably died during the night, as it was alive yesterday at 1 P. M.

In this case it may have been that not enough of the jaborandi was given to overcome the double lethal dose of the venom, but the experiment shows that life was prolonged after a dose of venom which, if allowed to act without hindrance, would have destroyed life in about two hours. Another experiment was tried

upon another fowl, a smaller dose of venom and a larger amount of jaborandi being given, but the chicken only lived two days. These two experiments would seem to show that in the case of fowls poisoned by serpent venom jaborandi has only the effect of prolonging life. To verify the former experiment upon a rabbit it was resolved to again try the drug, with the following result:

Dec. 5—12.05 P. M.—Injected 10 minims of rattlesnake venom solution into right leg of rabbit, followed by 15 minims of fl. ext. jaborandi; also gave 15 drops jaborandi, in water, in stomach.

12.15 P. M.—Rabbit sluggish and indisposed to move. Respiration hurried, and animal seems very sick.

12.30 P. M.—Gave 15 minims more of jaborandi hypodermically.

Dec. 6—Rabbit appears perfectly well and is eating. Copious discharge of serum from wounds made by syringe, and a good deal of urination.

Dec. 8—Rabbit appears perfectly well, but has a healthy-looking raw surface near point of injection on leg, which is healing.

Dec. 10—Rabbit well, excepting ulcer, which is healing.

Dec. 12—Perfectly well.

One more experiment was tried upon another rabbit, in which a fourfold lethal dose of the venom was injected, viz., 20 minims, followed by 60 minims at intervals of jaborandi, with 60 by stomach, the animal recovering perfectly.

From the foregoing experiments with the fluid extract of jaborandi it will be seen that while this substance appears to have antidotal effects upon rabbits, in fowls it fails, as has already been stated, but it is intended to pursue this line of experimentation still further, especially with the active principle known as pilocarpine. It may be mentioned that a medical man of Washington city is so convinced of the efficacy of the jaborandi that he has offered himself for the purpose of an experiment with venom, and in addition to this offer the writer has received a communication from a person in Ohio also proposing to submit to the test. Until we have experimented further, however, the scientific devotion of these gentlemen will not be tried.—*Forest and Stream*.

**CURIOUS CASE OF DEAFNESS.**—Some time ago, says the *Columbus Journal*, an engineer on the Little Miami Railroad was suspended because, after having been examined by Dr. Clark, he was found to be quite deaf. The engineer claimed at the time that he could hear every thing while running his engine; but the doctor found that in a still room he could not hear ordinary conversation a foot away. The engineer lives at Cincinnati, and received treatment for his disease, but without any special benefit. After being suspended eight months the engineer again came to Dr. Clark and insisted that he could hear perfectly while on a moving engine. The doctor thought he would test the case, and, accompanying the man to Cincinnati, made a number of experiments with him on engines. The result was that the doctor found the engineer was not only telling the truth in regard to the matter, but also that the deaf man could hear low remarks and whispers on a moving engine that even Dr. Clark's keen ear failed to catch.—*Scientific American*.

**ALMADINA**, under the various names of "almadina," "potato gum," "euphorbia gum," or, more shortly "E. G.," a peculiar resin of African origin, has been of late gradually finding its way to the European drug markets in steadily increasing quantities. Hitherto its chief, if not its only, use in the arts, has been as a "substitute" for, or addition to, India rubber, and we learn it is not only much cheaper than caoutchouc, but actually improves the latter when added to it in certain proportions. Among the advantages over pure caoutchouc which mixtures thereof are said to possess, not the least are diminished porosity and greater durability.

**TO ABORT FURUNCULUS.**—Dr. Halle (*Prat. Méd.*) recommends the following: Tr. arnica flowers, 2 parts; tannic acid and powdered gum arabic, of each one part. The mixture is to be painted upon the seat of the trouble and the surrounding parts every fifteen minutes until a thick and resistant coating is formed. The pain is immediately quieted and the furunculus aborted.

# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE

ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.

Editorial Committee:

LORENZO HALE, M.D.,

A. VANDER VEER, M.D.,

F. C. CURTIS, M.D.

VOL. IX.—No. 7.

JULY, 1888.

\$1.00 A YEAR.

## DR. STEPHEN G. DE LA MATER.

Dr. Stephen G. De La Mater (A. M. C., '42), of Duaneburgh, Schenectady county, died Saturday, June 23. The name "De La Mater" was originally Le Maitre (master or lord) and finally became anglicized into De La Mater. The paternal ancestors of the family were of Norman-French blood, the maternal of Holland extraction. Claude Le Maitre came to America in 1652, lived at Flatbush ten years, then removed to Harlem, where he died in 1683. He was the great-great-grand sire of the subject of this sketch. Dr. S. De La Mater was the son of Dr. Peter De La Mater, and was born in Duaneburgh, March 7, 1815. He graduated with high honors at the Albany Medical College in 1842, and at the time of his death was the only surviving member of that class. On April 24, 1842, he married Emily Burbanks, of New Hampshire, and after spending one year at Quaker Street, settled in Duaneburgh. As a student he was very attentive, observing and industrious. His mind was analytical and logical. His memory was remarkably retentive, and his intuition very acute. Carrying these qualities into his profession, he became a very clear and precise diagnostician, and was soon recognized as the leader of the profession in this vicinity. In active practice he controlled the patronage of his township and largely of adja-

cent places. He was constantly summoned in consultation to the cities of Albany, Schenectady, Troy, Amsterdam, and to the villages round about him. He secured a large competence, and, owing to ill health, retired from outside practice in 1886, confining himself to consultation and office services. He was a member of the New York State Medical Society, member and one of the founders of the New York State Medical Association. His wife died December 21, 1870. He is survived by four daughters.

## FORMS AND FAILURES OF THE LAW.

Mr. Philip Snyder, Rhinebeck, N. Y., formerly Principal of Public School No. 3, Albany, has a vigorous article under the above heading in the *Popular Science Monthly*, April, 1888.

The damaging delays, the injuries to the innocent which are often permitted by, and are sometimes inseparable from, the operation of our present legal system, and the postponement and prevention of proper punishment, are there outlined. The statement of existing abuses and absurdities is of itself a cogent plea for reform, which comes not yet.

The writer says: "Sometimes, as in an instance in New York in 1885, a crime is committed against a respectable woman, and on making complaint against her ravisher she is imprisoned with thieves and



prostitutes to insure her presence at the trial, while the miscreant who assailed her, being widely known among politicians and saloon *habitués*, remains at large on bail. Such proceedings subvert or discourage justice; but a reform involves so much disturbance of conservatism, that a quarter of a century may elapse before it is favored by lawyers."

"When a criminal has neither money nor political influence, justice is sometimes swift enough. A New York daily some time ago reported that a common thief, who had snatched a scarf pin worth a dollar, was railroaded through court in a few days and sentenced to five years in the penitentiary, while a saloon keeper went free who had been arrested eighteen times in two years on charges of beating, assaulting and robbing women. But the latter,

it expressly stated, had 'political influence,' and boasted that he had 'a pull' on the courts which would always shield him."

The reading of Mr. Snyder's article brings to mind some things which have occurred in Albany, which shows that we do not need to go to New York for illustrations of the "failures of the law." For instance: The Reverend Vedder was, some few years ago, sentenced to Dannemora as the result of an abortion case, while the so-called physician (fortunately not a member of our county medical society), who was the actual perpetrator of the crime of abortion, has never been brought to trial.

#### HYDROCELE OF THE CORD—ERRATUM.—

The reference on page 181, June number, should read "ALBANY MEDICAL ANNALS," May, 1887."

### BOOK NOTICES.

ASSOCIATION OF THE ALUMNI OF THE ALBANY MEDICAL COLLEGE, MEDICAL DEPARTMENT, UNION UNIVERSITY. Proceedings of the Fifteenth Annual Meeting, held March 15, 1888, Commencement Exercises and Alumni Dinner, Albany, N. Y. Burdick & Taylor, Printers, 481 Broadway. 1888.

This annual is mailed to each alumnus whose address is known. Any one not receiving a copy should send his address to the Registrar of Albany Medical College.

The current issue begins with a hearty and exhilarating address of welcome to the alumni on behalf of the faculty of the college, delivered by Prof. Cyrus S. Merrill, M.D., which is worth reading twice.

Then follows, after some details of business, the President's address, by Dr. Josiah H. Helmer ('47), of Lockport, N. Y.—a social retrospection of good old times.

Dr. E. A. Bartlett ('79), the Historian, presented the report for the year. Following this is the "Preliminary Report for

Class of '48," by Dr. T. S. Dawes ('48), of Saugerties, Ulster Co., N. Y., and the newsy, entertaining report for class of '78, by Dr. T. L. St. John ('78), Centre Brunswick, Rensselaer Co., N. Y.; this is a very full report, every member of the class having responded to the inquiries of the historian.

The list of officers elected for the new year, and other business items, and a brief notice of the Commencement Exercises and Alumni Dinner close the record.

CATALOGUE OF THE ALBANY MEDICAL COLLEGE, MEDICAL DEPARTMENT OF UNION UNIVERSITY. Fifty-Seventh Session, 1887-88, and Announcement for Session, 1888-89. Burdick & Taylor, Printers, Albany, N. Y. Also the ANNOUNCEMENT of the ALBANY COLLEGE OF PHARMACY.

This catalogue gives the names of the Trustees and Curators, the full names of the members of the faculty and of the assistants in various departments, and de-

tails of information concerning the various courses of lectures and the multiform clinics, books recommended, laboratories, hospital appointments, prizes, fees and expenses, and requirements for graduation.

Other items are, the names of 132 matriculants of the fifty-seventh session, and of their preceptors; list of thirty-seven grad-

uates of 1888, with subjects of theses; notice of the Association of the Alumni of the Albany Medical College; notices of Albany College of Pharmacy, of Dudley Observatory, Albany; of School of Civil Engineering of Union College, Schenectady; of Union College and of Albany Law School.

## MEDICAL NEWS.

### AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

The following is the preliminary announcement of the annual meeting, to be held in Washington, D. C., September 18, 19 and 20, 1888:

#### SUBJECTS.

The President's Annual Address,  
William H. Taylor, Cincinnati.

#### *Discussion.*

Extra-Uterine Pregnancy.

1. Pathology.
2. Diagnosis.
3. Treatment.
  - (a) Medical.
  - (b) Electrolytic.
  - (c) Surgical.

The Relations of the Abdominal Surgeon to the  
Obstetrician and Gynecologist,  
Albert Vander Veer, Albany.

Operation for an Unusual Case of Subserous  
Uterine Fibroid,  
Hampton Eugene Hill, Saco, Me.

Drainage in Abdominal and Pelvic Surgery,  
Joseph Price, Philadelphia.

Double Ovariectomy during Pregnancy; a Suc-  
cessful Case Going on to Full Term,  
William Warren Potter, Buffalo.

The Indications for Artificial Aid in Labor,  
Thomas Opie, Baltimore.

The Technique of Vaginal Hysterectomy,  
James H. Etheridge, Chicago.

The Surgical Treatment of the Perineum,  
William H. Wathen, Louisville.

Laparotomy in Peritonitis,  
E. E. Montgomery, Philadelphia.

Tumors of the Abdominal Wall,  
Charles A. L. Reed, Cincinnati.

Uterine Fibroids; their Diagnosis and Treatment,  
Thomas J. Maxwell, Keokuk.

Desmoid (Fibroid) Tumors of the Abdominal  
Walls, Edward J. Ill, Newark.

Ruptured Perineum,  
J. Henry Carstens, Detroit.

A Contribution to the Study of Pelvic Abscess,  
Clinton Cushing, San Francisco.

The Female Perineum; its Anatomy, Physiologi-  
cal Function, and Methods of Restoration after  
Injury. This paper will be illustrated with  
lime-light and screen.

Henry O. Marcy, Boston.

Heart Failure in the Puerperium,  
Thomas Lothrop, Buffalo.

Treatment of Suppurative Peritonitis,  
William H. Myers, Fort Wayne.

Operative Treatment in Uterine Carcinoma,  
George R. Shepard, Hartford.

The Reflexes Reflected; or, Some Things That  
Retard Progress in Gynecic Surgery,  
Joseph Eastman, Indianapolis.

Some Points in Relation to the Diagnosis of  
Pregnancy in the Early Months,  
James P. Boyd, Albany.

Vaginal Tamponnement in the Treatment of  
Prolapsed Ovaries, W. P. Manton, Detroit.

Mr. Lawson Tait, F.R.C.S.E., Birmingham,  
England, will also present a paper on "The  
Methods of Success in Abdominal Surgery."

NOTE.—Mr. Lawson Tait, Dr. Franklin Town-  
send, Dr. E. E. Montgomery, Dr. Charles A. L.  
Reed, Dr. A. Vander Veer, and others, will par-  
ticipate in the discussion on Extrauterine Preg-  
nancy. The full announcement of the topics  
that each referee will speak to will be made in  
the final programme to be issued in August.

WILLIAM H. TAYLOR, M.D.,

WILLIAM W. POTTER, M.D., *President.*  
*Secretary.*

At the last meeting of the Ophthalmological and Otological Section of the New York Academy of Medicine, the following motion was made and carried:

That a committee be appointed, of which the chairman of the section, Dr. David Webster, be a member, whose duty it shall be to obtain a good photograph of the late Dr. Cornelius R. Agnew, for the purpose of having engravings suitable for framing made from this. The right of issue and sale of such engravings shall be given to some first-class publisher, if practicable; if not, the committee shall offer them to the profession at once.

Physicians who desire such an engraving, accompanied by an autograph signature, should send their names and addresses to the secretary of the committee, Dr. Charles H. May, 640 Madison avenue, New York city, at once. When all such

names shall have been recorded, those who have requested a copy of the engraving will be notified of the cost of the same.

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DIET TABLES.—Dyspepsia, Fevers, Infants, Phthisis, Nervous Affections, Constipation, Bright's Disease, Obesity, Gout, Diabetes, Pregnancy, etc. Leaflets to be torn off and handed to nurse or patient. Mailed free to any physician. Address Reed & Carnrick, New York.

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The conditions formulated by the Committee on Infants' Foods at the American Medical Association are approximated more nearly by Carnrick's Food than by any other with which we are familiar.—*Editorial Note in Philadelphia Medical Times*, June 1, 1888.

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## PERSONALS.

—Mr. Lawson Tait, F.R.C.S.E., Professor of Gynecology, Queen's College, Birmingham, England, who visited Albany a few years since, and so kindly remembered by many here, had at the last commencement of Union College the honorary degree of LL.D. conferred upon him by the Board of Trustees. All will agree that this is an honor worthily bestowed. It is hoped that Mr. Tait will visit Albany again this coming fall, and that the Albany Medical College may have the benefit of some of his clinical lectures.

—Dr. C. M. Culver ('81), of Albany, has been unanimously elected alumni trustee of Union College.

—Dr. Grant-Bey used to be invited every year to take part in the annual examination of the native medical school at Qsar-el-Aimy; but in the year 1886 the Egyptian authorities, wishing to show the British government a pleasure, did not invite him as usual.

In 1887, however, the night before the

commencement of the examinations, an invitation came from Yacoub Artin, Pasha, the Sub-Minister of Public Instruction.

Dr. Grant-Bey replied that the invitation came too late to allow of his preparing himself for the examination; he therefore was obliged to decline the honor.

Oriental authorities are not accustomed to be treated in such an off-hand way by their employees. However, they had to grin and bear it.

The result has been that an invitation has come this year a month in advance of the examination, and the Minister of Public Instruction and the Minister of the Interior are vying with each other in urging him to take part.

—Dr. William Brinsmade Sabin ('82) has had charge of Prof. Cyrus S. Merrill's eye and ear practice during the latter's absence for a month's vacation on Lake Champlain, and is permanently associated with him as assistant, at 23 Washington avenue, Albany.



# ALBANY MEDICAL ANNALS.

VOL. IX.

AUGUST, 1888.

No. 8.

## CLINICAL REPORTS.

### IV.

#### A CASE ILLUSTRATING THE RELATIONSHIP BETWEEN CEREBRO-SPINAL MENINGITIS AND PNEUMONIA.

By HENRY HUN, M.D., ALBANY, N. Y.,

PROFESSOR OF DISEASES OF THE NERVOUS SYSTEM AND OF PSYCHOLOGICAL MEDICINE IN THE ALBANY MEDICAL COLLEGE.

[*For Albany Medical Annals.*]

During the past ten years there is no department of medicine which has made such rapid progress as that of bacteriology; and on account of this great progress many things concerning the etiology and the course of disease are easily explicable which formerly were but very imperfectly understood. The following case, besides being in itself of considerable interest, is also instructive in that a knowledge of bacteriology makes many points in it comprehensible which would otherwise be obscure.

June 14, 1888. S. R., æt. 13, is small for her age, and has always been delicate. Yesterday she came home from school complaining of a severe general headache and of nausea. She vomited freely, and the headache, nausea and vomiting have persisted up to the present time. She is constipated, her skin hot, and pulse rapid. She was given one grain of calomel every hour for four hours.

June 15.—She was very restless during the night, and was delirious. This morning her headache is less, and the vomiting has ceased, but her head is

strongly retracted; it can be bent forward with difficulty, and all movement of it causes pain. The patient lies for the most part on her back, and occasionally turns partially on her left side. No decided intolerance to light or sound. Pupils are equal and respond to light. Tongue heavily coated. A careful thoracic and abdominal examination reveals nothing abnormal. She had one constipated stool in response to an injection. She was given a dose of castor oil and a mixture of bromide and iodide of potassium and of morphia. In the afternoon her pulse was 120, her temperature in axilla 106.2°, her respiration rapid and labored, and her head firmly retracted. She was then given antipyrin, grs. x, after which her skin became cooler and she fell into a quiet sleep.

June 16.—She was more comfortable during the night. An eruption of herpes has appeared on the lips. Head continues strongly retracted, and at times her mind wanders. She has much pain in the small of her back. Her lungs are normal. By means of castor oil and

enemata her bowels have been kept fairly open. She was given antipyrin, grs. v, in the morning and again in the evening. A. M., pulse 116, temp. 104.8°; P. M., pulse 110, temp. 102°.

June 17.—She was not feverish during the night, but complained of so much pain in the lower part of the left chest that in order to give her some relief her mother or father was obliged to press their hands against her left side most of the night. She also commenced to cough considerably, and the coughing increased the pain in her side. This morning there is dullness on percussion, broncophony, and high-pitched bronchial respiratory murmur, without râles, over the whole lower lobe of the left lung. The headache, backache and rigidity of the neck have all disappeared. She continued to cough a great deal during the day, and in the evening with the bronchial respiratory murmur many fine moist râles were heard over the lower lobe of the left lung. In the morning the bromide and iodide mixture was stopped, and she was given quinine sulph., gr. i, four times a day. A. M., pulse 110, temp. 99.5°; P. M., pulse 108, temp. 100.5°.

June 18.—She feels bright and well. There is no trace either of retraction or rigidity of the muscles of the back of neck, and she wishes to get out of bed, in which she sits upright. Over the lower lobe of the left lung the respiratory murmur is harsh, and there is a moderate number of moist râles. A. M., pulse 72, small and feeble; temp. 97°.

June 19.—Feels quite well, although a little weak. Respiratory murmur still continues rather harsh over the lower lobe of the left lung, and there are moist râles after cough over this area.

June 21.—Patient is sitting up in the front room, and feels quite well and no

longer coughs. There is normal respiratory murmur over the whole chest, and no râles are heard anywhere even after cough.

July 10.—Has remained perfectly well since the last record.

In this case there were at first many symptoms which indicated that an attack of epidemic cerebro-spinal meningitis was commencing (I had attended a number of cases of cerebro-spinal meningitis that winter and spring, in several of which the diagnosis had been verified by an autopsy), and then these symptoms suddenly disappeared with the development of a well-marked attack of pneumonia.

It has long been known that there is a close clinical relationship between pneumonia and epidemic cerebro-spinal meningitis. So many observers have pointed out not only that pneumonia is unusually frequent at times when cerebro-spinal meningitis is epidemic, but also that the two diseases often complicate each other; that this relationship is generally recognized and is stated in text-books of medicine. From the results of bacteriological investigations this relationship between the two diseases has become more certain. A number of observers have found in the meningeal exudation, and in the pneumonic exudation, micrococci which were apparently identical; and recently Foà and Bordoni-Uffreduzzi\* in four cases of cerebro-spinal meningitis, two of which were complicated with pneumonia, have found micrococci which in their appearance, in their characters of growth, and in their staining entirely resembled the micrococcus which A. Fränkel† has

\* Deutsche Med. Wochenschrift, 1886, No. 15, p. 249, and No. 33, p. 568.

† Zeitschrift f. Klin. Med., Bd. 10, Heft. 5 and 6, and Bd. 11, Heft. 5 and 6, and Deutsche Med. Wochenschrift, 1886, No. 13.

lately shown to be the cause of pneumonia, and which Fränkel also found in the meningeal exudation of a case of cerebro-spinal meningitis which occurred as a complication in a case of pneumonia. Foà and Bordoni-Uffreduzzi have injected a pure culture of this micrococcus under the dura mater of rabbits, and have thus produced cerebral meningitis and hyperæmia of the spinal meninges.\* It may be regarded, I think, as pretty conclusively settled that the same micrococcus causes cerebro-spinal meningitis and pneumonia, but we have yet to consider why in our case pneumonia developed and not cerebro-spinal meningitis.

It has long been known that in different men different organs are more susceptible to disease than others. This increased susceptibility of the organ to disease being dependent either on inherited characters, on former attacks of disease, on injuries, or on other less clearly defined causes, and has been expressed by the phrase long in use that disease attacks the *locus minoris resistentiæ*. Many experiments in recent times have shown that injuries inflicted on organs previous to the injection of pathogenic bacteria into the body cause the disease to be localized at first in these injured

organs. A few of the more important of such experiments are those of Rosenbach,\* Kocher,† Becker‡ and Krause§ on osteomyelitis; Schüller|| on tuberculous inflammation of joints; Heubner¶ on diphtheria; Orth,\*\* Wyssokowitsch†† and Prudden‡‡ on malignant ulcerative endocarditis; Grawitz§§ on subcutaneous inflammation; Grawitz||| on peritonitis; and Huber.¶¶

All these experiments prove definitely what has for a long time been vaguely known—that the human system possesses the power of resisting the invasion of pathogenic bacteria, and where these latter do set up disease in an organ, that organ is in a weakened condition which predisposes it to disease. And this fact, taken in connection with the fact that the micrococcus which causes epidemic cerebro-spinal meningitis and pneumonia is the same, throws light on our case.

It is evident that the initial high fever and the cerebral symptoms were due to the invasion of the body by micrococci, which at first tended to become localized in the pia mater. This tissue was, however, in a sufficiently healthy condition to resist this invasion, and the disease did not develop fully. Then, perhaps in consequence of the recumbent posture, that fertile factor in the production of hypostatic pneumonia, the resisting power of the lungs became impaired, and the

\* Although not pertinent to this case, yet it is certainly an interesting fact that this micrococcus of Fränkel is identical with the micrococcus which Pasteur has found in the saliva of a child suffering from hydrophobia, and which Sternberg has found in the saliva of several healthy persons, and that Foà and Bordoni-Uffreduzzi have found that by injecting pure cultures of this micrococcus subcutaneously there was set up in many cases a severe progressive œdema of the cellular tissues or an extensive dermatitis which caused the death of the animal in six or eight days. But if the virulence of the micrococcus had been lessened (by being cultivated for a number of days in the same culture medium and not being changed daily to a fresh one), then the œdema or dermatitis resulting from their subcutaneous injection did not prove fatal, but the animals recovered in six or eight days. After repeated injections of weakened micrococci the animal acquired an immunity, so that the subcutaneous injection of these micrococci in their freshest and most virulent form did not cause the sickness or death of the animal.

\* Deutsche Zeitschrift für Chirurgie, 1878, Bd. 10, S. 369.

† Deutsche Zeitschrift für Chirurgie, 1879, Bd. 11, S. 87.

‡ Deutsche Medicinische Wochenschrift, 1883, No. 46.

§ Fortschritte der Medicin, 1884, Bd. 2, No. 7.

|| Experimentelle und histologische Untersuchungen über Entstehung u. s. w. der scirrhösen und tuberculösen Gelenkleiden, Stuttgart, 1880.

¶ Die Experimentelle Diphtherie, Leipzig, 1883.

\*\* Tageblatt der Naturforscherversammlung zu Strassburg, 1885.

†† Virchow's Archiv., 1886, Bd. 103, S. 301 und 310.

‡‡ Transactions of the Association of American Physicians, vol. i., p. 207.

§§ Virchow's Archiv., 1887, Bd. 108, S. 67.

|| Charité Annalen, 11, 1886, Sep. A.

¶¶ Virchow's Archiv., 1886, Bd. 106, p. 22.



micrococci became localized in this organ of less resistance and caused a pneumonia, which ran its course quickly and favorably. That it was not a case of pneumonia from the beginning is evident both because a careful examination of the lungs on June 15 and 16 failed to reveal any signs of disease, and because the violent pain in the side and the cough first appeared on the night of the 16th. With the appearance of the pneumonia the symptoms of meningitis rapidly disappeared; and it is of interest in this connection to note that herpes labialis, which occurs very frequently both in cerebro-spinal meningitis and in pneumonia, in this case appeared just previous to the appearance of the pneumonia, midway, as it were, between the two diseases. This change from the symptoms of cerebro-spinal meningitis to those of pneumonia may be called an example of metastasis, inasmuch as that word means a change of place, but it is of an entirely different

nature from the extension of a disease through the lymph or blood-vessels, usually by embolic processes, which is what is now generally understood by metastasis.

Finally, the action of antipyrin in this case is of great interest and importance. It was given not only to reduce the temperature, but also with the idea that, as it was a decided analgesic, it might perhaps exert a favorable influence on the meningitis. It certainly did seem to act very favorably not only on the temperature, but also on the other symptoms of the disease. This single case would, of course, prove nothing; but Mr. G. N. Stephen, of the Cyprus Medical Service, says:\* "Antipyrin is of the greatest possible value in epidemic cerebro-spinal meningitis, and is a real remedy against the disease."

It certainly seems as though antipyrin was worthy of a trial in cases of cerebro-spinal meningitis.

\* British Medical Journal, June 9, 1888, p. 1218.

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## FISSURE OF THE CERVIX.\*

By J. H. REILLY, M.D., FAIR HAVEN, VERMONT.

(*Albany Medical College, '86.*)

My attention was first called to what might be termed a fissured condition of the cervix, about a year ago, in a patient who had been an invalid since the birth of her last child, eight months previous. The labor was non-instrumental. She stated that she had not enjoyed her usual good health since her first confinement, which had preceded the last one eight years, and which was an instrumental one, and confined her to bed two months, on account of a cellulitis which had followed.

Her principal symptom, when I first saw her, was one to which we cannot always attach definite importance. I have reference to pain in the lower portion of the back, which accompanies almost every form of pelvic disease, and is very often present when we are unable to detect any pathological condition. There were also pains radiating down the limbs, more intense in the left than in the right, and aggravated by locomotion. When pain was absent, she complained of numbness in the limbs. One or the

\* Read at the annual meeting of the Rutland County Medical Society, July, 1888.

other condition was always present. Leucorrhœa was a prominent symptom. Micturition was frequent and accompanied by the sensation of heat. On examination, the perineum was found lacerated; sphincter ani not involved. The lacerated surfaces had cicatrized over and caused no uneasiness. Vaginal examination showed the uterus somewhat prolapsed, with an enlarged congested cervix and an everted, granular condition of the anterior and posterior lips. The granulations from the posterior lip projected about three-quarters of an inch beyond the extremity of the anterior lip. On the left of the canal were three large ulcerated fissures, which impressed me at the time as being complete lacerations.

I commenced treatment with the view to put the parts in a condition for an operation. I cut off, with long scissors, the projecting parts of the posterior lip, cauterized the remaining granulations, and placed tampons saturated with a solution of carbolic acid and glycerine, fifteen grains to the ounce, against the ulcerated surface. These were left for twenty-four hours, the nurse removing the application at the end of that time, and giving a douche of warm water, to which was added biborate of soda, in the proportion of one dram to the pint. This treatment was carried out every day for three weeks, when the ulcerated surface began to diminish in size, and the tampon was left in without renewal for forty-eight hours.

At the end of three weeks more, the granulated surface external to the canal had entirely healed, and to my surprise what I had looked upon as complete lacerations had been resolved into long fissures involving the muscular coat to some extent. They had given rise to a cervical endometritis, which by its secre-

tions had produced the granular condition that was present.

My second case was in a patient who complained principally of frequent and painful micturition, profuse leucorrhœa and a burning sensation in the vagina. She stated that she had enjoyed good health until after the birth of her last baby, which had occurred three years previous; had had no medical attendant at this time, but was attended by a midwife. Not convalescing as fast as after former labors, she called in a physician, who, upon examination, told her that the womb was torn, and advised her to go to a hospital for an operation, but which she did not do. Rest in the recumbent position would cause an abatement of the symptoms, which would make their appearance again after any laborious work.

On making a digital examination, my impression was that there existed a double laceration; but on recalling the previous case, and in order to be more accurate in my diagnosis, I made an examination per speculum, and found a deep fissure on each side of the os, and an ulcerated posterior lip. The ulceration extended about three-quarters of an inch into the canal. On passing my probe along the fissure, I found that the latter did not penetrate entirely through the tissues of the uterus, but was about three-eighths of an inch in depth. The treatment carried out was about the same as in my first case, and at the end of six weeks the fissures had completely healed and the patient had fully recovered from her distressing symptoms.

If after every labor we make a careful examination, and if when we find a fissured condition existing we have a douche given night and morning to the patient,

and insist upon her keeping the recumbent position for about three weeks, we can save a great deal of unnecessary suffering.

After labor, as soon as the patient assumes the upright position, with a fissured cervix present, a tendency exists for the fissured surfaces to become

separated, the anterior lip being crowded forward and the posterior lip backward. From this separation an irritation is established which arrests the involution of the organ, and the fissures become the seat of ulceration, which gradually extends over the everted surfaces.

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### INEBRIETY.\*

By T. D. CROTHERS, M.D., HARTFORD, CONN.,  
SUPERINTENDENT OF WALNUT LODGE.

From a study and comparison of the histories of many inebriates, inebriety would appear to be only one of a family group of diseases. The other members of this family are found to be various forms of insanity, epilepsy, idiocy, hysteria, consumption, and other brain and nerve affections. These allied diseases often precede inebriety or follow after, and are always associated with a great variety of degenerations.

The magnitude of inebriety exceeds all estimates, and in all probability is about one to every one hundred and fifty persons. The mortality is estimated at ninety per cent. The increased consumption and production of spirits in this country, beyond the increase of population, and the steady increase of persons arrested for intoxication, are very significant hints of the growth of inebriety.

It is evident that a disorder so widespread must have an equally wide range of causes. It is also apparent that a knowledge of these causes must come from a study of the history of a large number of cases. Such a study must record all the facts of heredity, of the early surroundings, training, growth, accidents, diseases, strains, drains, shocks, losses, climate, food, social and physical

environment, and all the various influences which have entered into life. From a large number of such histories many of the principal causes will appear. Thus, from the records of one hundred inebriates, representing all classes, sixty will be found with a defective brain and nerve organization from inheritance. Thirty or more of this number will have moderate or excessive drinking parents or grandparents. Twenty will have insane, epileptic, criminal, pauper, idiotic or eccentric ancestry. Ten will have consumptive, rheumatic and diseased parents. Of forty who have no prominent history of heredity, twenty-five will begin after attacks of severe disease or physical shock or injury, mental shocks or great brain perturbations, and other similar causes. In ten cases the inebriety can be traced to climatic states, to foods and occupation. In five cases no special causes can be determined; this is obviously the fault of the observer, which a better knowledge will remedy. In all these cases there is often a blending and union of causes; thus, head injury and diseases with heredity are united. In another case, conditions of climate, food and occupation are prominent. Nutrient disorders, overwork and exhaustion, or

\*Abstract of two lectures delivered before the Albany Medical College, January 24 and 25, 1888.



mental strain and heredity, may all be found associated, and all active in the causation.

A close examination will show how exact these causes are, and the laws which govern them. Thus, in direct heredity, moderate, excessive or periodic drinking parents are always followed by inebriate children, either in the first or second generation. The first generation will be either inebriates or rigid abstainers, and always have marks of defect of some kind. The second generation will develop inebriety from the slightest exposure. Unless the stream of heredity is neutralized by a current of great vigor, this generation will be found along the border line of insanity, manifesting many complex symptoms of mental defect.

In these cases some specific degeneration of the brain centers has been transmitted, with special tendency to use alcohols for relief, and low-resisting power to all temptations of this kind. Many of these cases escape, and never use alcohol, but they have marked defects of body and mind.

Many inebriates are found to have defective parentage, representing all degrees of insanity, eccentricity and mental oddities, or criminals and paupers, with low intelligence and defective characters, hysterical, ungovernable passions, and unbalanced organizations. Inebriety in the children of such characters is only another phase of degeneration. Here the drink-impulse springs up almost spontaneously from slightest cause—a physician's prescription, the excitement of contagion, etc.

Where the parents are consumptive, rheumatic, or have some serious constitutional disorder, inebriety frequently appears in the children from most insignificant causes. In these cases a defective

brain and nerve vigor exists, which seeks relief from any source at all hazards.

Another class of inebriates will develop the drink impulse after a head injury—where they are made unconscious by a blow or a sunstroke; or where they have suffered from severe and protracted sickness, or sustained some profound shock, either mental or physical. Fear, fear, joy, sorrow, falls of all kinds which produce sudden impressions on the organism, seem to lower the vigor and call for relief from alcohol or opium. Some change has taken place in the brain centers, and while alcohol and opium bring temporary relief, they hasten and increase the form of degeneration.

In these cases the drink impulse may be pronounced from the first use of spirits, or it may grow up more or less rapidly and unconsciously to the victim. Of course, not all who are subjected to such injuries become inebriates. Many recover without any entailment; others develop insanity, epilepsy and various degrees of degeneration.

Inebriety is a cerebro-psychical disease, whose pathology is very obscure.

Whatever tends to innutrition aims directly at that strength and balance of the forces of the brain, that coördination, so to speak, between its peripheral and central portions, that is needful for the equable discharge of its multitudinous functions. Innutrition, by lowering the vitality of the brain-cells, diminishes the store of power held by the central ganglia from steady and well-timed responses to all demands upon them, into spasmodic, irregular and insufficient supplies of the force which it is their province to furnish. But alcohol especially promotes innutrition; and the very stimulation which it produces is the surest evidence of its drain upon those reserve

forces, that exuberance of the central nervous fund, that wealth of power, which are indispensable to the maintenance of the full vigor of the constitution during those brief and rare occasions when unforeseen circumstances shall make unusual demands upon them.

Nor is this exhaustion and innutrition all the evil which alcohol works in the constitution. The blood and secretions are vitiated and loaded with material foreign to their normal constitution, and there is a universal departure from that almost infinite delicacy of balance, resiliency of organization, which characterizes the natural healthy state, to say nothing of that depravation of the higher spiritual nature which is the inevitable concomitant of the habitual deviation from natural methods which is forced upon the brain. Nor is this all of the evil. How unreasonable it is to suppose that children begotten of a parent during such exhaustion of the ganglionic force—during such prolonged vitiation of the blood and secretions and the perversion of the intellectual and moral forces—should not carry in their physical and spiritual natures evidence of the outrage done to natural laws.

As to treatment, inebriety can only be effectually checked in special work-house hospitals where the inebriate can be treated and restrained. Such places should be located remote from cities. They must have the best appliances and remedial means to build up and restore their inmates. They should be conducted on a military basis, and all surroundings should be under the exact care of the physician, and every condition of life regulated with steady uniformity. They should also be industrial asylums where each one could be employed both in body and mind every day. Each case should

be an object of study to ascertain the real state and the means to strengthen and improve it. These hospitals should be built from the license fund or the taxes on the sale of spirits. They should, in a large measure, be self-supporting from the labor of the inmates, and independent of the tax-payers. These places would most naturally divide into three distinct grades. The first class of hospitals should be for recent cases, where the inmates can be committed by the courts, or voluntarily commit themselves for one or two years. The second class should receive chronic cases for longer terms of treatment—from one to three years. The third class should be for the incurables, or those who give no reasonable promise of restoration. The time should be from five to ten years and life.

The latter class should be thoroughly organized into military habits of life and work, and kept in the best conditions of forced healthy living. Employment and mental occupation should be carried out literally as a stimulus to strengthen the body and mind. Where it is possible the rewards of his labor, beyond a sum to pay for care, should be turned over to the patient's family and friends, or held in trust for him. He should be encouraged to healthy work and healthy living by all possible means and surroundings.

The semi-chronic cases should be treated substantially the same way, only occupation and training of the mind and body should be more suited to the wants of each case. The amusements should also be of a sanitary character.

The recent cases should have the same exact discipline, filling the mind with new duties and new thoughts, and suited to build up the exhausted, overworked man, as well as the gormand and underworked idler. All persons should pay

for their care, if possible, and be required to render some service, which would be credited on their bills. These hospitals should be literally quarantine stations, where the inebriate can be housed and protected and society saved from the losses following his career.

In conclusion: All accurate study of the inebriate indicates a distinct range of causes, both physiological and psychological, from which inebriety springs.

When the histories of inebriates are compared, they are found to follow a regular line of progress, obeying a certain order of events, from the beginning, development, progress, decline, on to extinction.

This march is governed by conditions and forces of which we have only a faint conception. Heredity, disease, injury, starvation, neglect, are only the general names for some of these forces.

In the cure of inebriety, all study of cases points to a physical causation to be removed by physical means.

Work-house hospitals as quarantine stations, where every condition of disease can be treated, give the greatest promise of relief. Here the victim is removed from all exciting causes, and protected from himself and others; and here we can understand some of the causes beyond the saloon, and so-called free will, and deceitful heart.

## CORRESPONDENCE.

THE THIRTY-THIRD ANNUAL MEETING OF THE KENTUCKY STATE MEDICAL SOCIETY, HELD AT CRAB ORCHARD SPRINGS, JULY 11-13, 1888.

The meeting was called to order Wednesday, July 11, at 2 P. M., by Edward R. Palmer, of Louisville, chairman of the committee of arrangements. The president, John G. Brooks, of Paducah, took the chair.

After the usual business, the Report on Progress in Surgery was read by W. O. Roberts, of Louisville, in which was noticed quite in full the following case:

A girl, 5½ years old, recovering from scarlet fever was treated by family physician for malaria and enlarged spleen. Growing worse, the surgeon was called in, and after careful study it was decided to make an abdominal incision, which was done June 20, 1888, by the reader, and an encephaloid sarcoma of the left kidney, 6½ x 5½ x 4¾ inches, was removed, the child, at last accounts, doing well, playing and happy.

A. W. Johnstone, of Danville, spoke on the inaccuracy of diagnosis of abdominal disease; said Keith had a case of nine years' observation on which he started to do a hysterectomy before a distinguished audience, and found a cyst of the broad ligament. Tait found what was diagnosed as fibroma of the uterus by eminent authority to be an ovarian tumor with twisted pedicle.

"What are we to do when such men make mistakes?" As to the case in question, and its class of operations, he thought that nephrotomy would be done in a majority of cases, and for stone and cysts mainly.

The Report on Progress in Ophthalmology was read by J. Morrison Ray, of Louisville. This was a fine paper covering a large amount of ground. "While there have been no great advances during



the year, yet ophthalmology is getting itself thoroughly grounded," said the gentleman. Discussed by Dr. D. S. Reynolds, who, among other things, said that the length of incision had nothing to do with amount of suppuration after operation, a remark which made some discussion. He was followed by S. G. Dabney, of Lowesville, Va., Buckner, of Cincinnati, and your correspondent.

The report of the Committee on Dermatology was read by J. N. Bloom, of Louisville. The gentleman cited specially his experiments with hypodermic injections of insoluble mercurials. He is doing careful work to determine the facts, and valuable reports may be looked for from him. Discussed by J. Clark McGuire and Dudley S. Reynolds, both of Louisville.

J. G. Carpenter, of Stanford, spoke at some length on "Dilatation of the Sphincter Ani."

In the evening the president's address was delivered. He was followed by Orrin D. Todd, of Eminence, with a humorous address on "The Successful Practitioner."

Thursday, July 12.—In the morning at business session we were richly favored with a speech by W. W. Cleaver, of Lebanon, on the policy of the society petitioning the legislature to remove the power of appointing the officers of the insane asylums from the governor to the commissioners. Dr. Cleaver has practiced medicine forty years, and has done a good deal of stumping for his (the Democratic) party. He said: "If the inmates of Anchorage Asylum were to elect next fall a United States senator, Governor Buckner would visit the asylum every day with candies in his pockets; now he goes there hardly once a year." A committee was appointed to bring the matter

before the society next year, as the legislature would not be in session again till eighteen months had elapsed.

After other business, William Cheatham, of Louisville, read the Report on Progress in Laryngology—dealing with laryngeal phthisis, extirpation of the larynx for cancer, and intubation. Stress was laid on the use of iodoform in laryngeal phthisis, and on extirpation for cancer. Of the one thousand cases tubed, the recoveries had been about the same as in tracheotomy—26 per cent. In his first fifteen cases he had saved only one; of the succeeding nine, four; making five recoveries out of twenty-four intubations. His histories were very interesting. His courage in combatting the cases was admired by all. He attributed the tremendous mortality of his first fifteen cases to the fierceness of the diphtheria then prevailing. He had found that feeding a tubed child with liquids could be done easily by placing the patient face and head downwards.

The report was discussed by Drs. Coomes, Larrabec, Letcher and Dabney. Dr. Larrabee had had four recoveries out of eighteen cases of intubation, and Dr. Letcher one out of three.

L. S. McMurty, of Danville, read on "Recent Advances in Gynecology." He gave the histories of some of his abdominal sections, one for tuberculosis of the peritoneum, done September 27, 1887, in which there had been no return of the disease. Discussed by A. M. Cartledge, of Louisville.

Dr. Wathen, of the same city, delivered a tirade against operations upon the abdomen, saying that the surgeon ought to know what is there before opening the cavity (although previous discussion of abdominal surgery had shown that the best men did not know at times what

they were going to meet, but humanity demanded that they should cut.)

Ap Morgan Vance, of Louisville, criticised the gentleman's remarks, and said that after all abdominal surgery belonged to the general surgeon.

Edward R. Palmer, of Louisville, followed with the Report on Genito-Urinary Disease.

At the afternoon session your correspondent was very kindly introduced by David W. Yandell to open the discussion. He spoke on the association of neurasthenia with a catarrhal discharge from the prostatic and spermatic ducts; he considered the symptoms to be in a certain measure analogous to those found in women sick with uterine engorgement, displacement, etc. Both his father, Ephraim Cutter, and himself have some very interesting cases of neurasthenia associated with spermatic catarrh. He referred to the microscopical appearances of the discharge, and to his father's work on this subject, as lately published in the volume entitled "Clinical Morphologies."

Dr. Yandell spoke on the point that prostitutes whom he had treated for gonorrhœa had since borne children.

W. E. Rodman, of Hodgenville, testified as to a like experience.

A. W. Johnstone said that if the tubes were involved by gonorrhœa the woman would be sterile.

Dr. Dixon spoke further on Dr. Palmer's paper, giving a *résumé* of his paper on the "Surgical Treatment of the Bladder and Urethra."

Martin F. Coomes, of Louisville followed on "Improvements in Nasal Surgery, and J. M. Mathews, of Louisville, on "Diseases of the Rectum."

Dr. Mathews had written ten years ago upon the Irritable Rectum. He spoke of injecting a drachm of pure glycerin for

constipation, the movement following in ten minutes. Dr. Mathews condemned injecting hemorrhoids with carbolic acid, claiming that much pain and some deaths had been caused by such treatment; he advocated tying.

Dr. Yandell believed that death might follow any method, and cited two cases in Louisville of death from hemorrhage after tying hemorrhoids. (Why not use the galvano-cautery?) Discussed by Drs. Carpenter, Rodman and Dixon.

Ap Morgan Vance, of Louisville, read a valuable paper on "The Exploring Needle in Bone Disease." This use of the exploring needle seems to be a Kentucky method which it would be well for others to apply. Dr. Dixon, of Henderson, had used it for ten years; Dr. Rodman, of Hodgenville, gave the results of his experiments with it on the dead subject. Dr. Yandell said he had explored every joint of the body with it; said at one time there was a disease called "big head" amongst the horses, and buyers would test the soundness of the bone with an awl.

S. G. Dabney, of Lowesville, followed on "Ocular Paralysis."

In the evening Dr. Yandell addressed the society on "Temperament"—a truly valuable discourse, delivered by a Nestor of surgery and a grand practitioner, rightly called by his fellows "the noblest of them all."

The society was then called to order, and while waiting for a report, J. A. Larabee, of Louisville, talked on diseases of children. He called attention to naphthalin for diarrhœa ( $\frac{1}{2}$ –1 gr. doses), and the sterilization of milk; mother's milk was, of course, the best, but next liked mixed cows' milk; had stopped using astringents for diarrhœa.

I was compelled to leave early Friday

morning, but feeling that the Kentucky medical fraternity was blessed with many truly earnest workers, young and old, and that I had been highly favored by

their courteous and open hearted hospitality, and well paid for my attendance.

JOHN A. CUTTER [A. M. C., '86.]

## TRANSLATION

FROM THE ARABIC, BY J. A. S. GRANT-BEY, M.D., F.R.C.S.E., CAIRO, EGYPT.

### THE FIRST MODERN EGYPTIAN MEDICAL SOCIETY ON RECORD.

After a good deal of coaxing on the one hand and putting to shame on the other, the native Egyptian medical men have at last formed themselves into a medical society at Cairo, with Dr. Salem Pasha Salem as president; Dr. Hassan Pasha Mahmond, vice-president, and Ibrahim Bey Mustafa, secretary.

The society meetings were opened on the 2d of April, with an inaugural address by H. G. Artin-Pasha Yakoub, the subminister of public instruction. This meeting was numerously attended, as many had been invited who would not ultimately have any further connection with the society, except as sympathizers. Amongst those present we remarked H. G. Abdelrahman-Pasha Rushdy, the minister of public instruction, a few representatives of the Arabic press, and a sprinkling of European medical men.

The meeting was held in one of the rooms of the Public Instruction Ministry, which had been kindly granted by that ministry for the use of the medical society. The proceedings were conducted entirely in the Arabic language.

In the inaugural address the subminister of public instruction dwelt upon the advantages arising out of combined effort in a good cause, and he made a strong appeal to the new society to be intent on their purpose, so as to manifest the constancy that led to success. This address was written in such high-flowing Arabic that even the reader had some difficulty in putting the proper emphasis on the parts that needed to be emphasized. This is to be excused, as the subminister is an Armenian, and therefore the Arabic language is not his mother tongue.

Dr. Salem Pasha then rose and read a long speech, giving an account of the formation of the society and its aims. He conjured his *confrères* to be simple and exact in their reports, and to have nothing in view but earnest research on behalf of the truth and the public good.

The vice-president, Dr. Hassan-Pasha Mahmond, then read a lecture as if to a collegiate class, on the different forms of

### DIABETES,

giving the history of diabetes mellitus and the different theories that had been from time to time entertained respecting it, from Avicenna down.

He was favorably impressed with the action of *salol* in the cure of this disease, and he cited four cases that were completely cured by this remedy.

Dr. Abbate Pasha (an Italian) now arose and delivered a short extempore speech in Arabic, congratulating the originators of the society on their zeal and wishing them success.

Then Dr. Grant-Bey (Scotsman) followed Dr. Abbate Pasha with a short complimentary speech, and then criticised (speaking all the while in Arabic) the paper that had just been read on diabetes.

After referring to the ancient history of the malady as related by Avicenna, who is represented as saying that the kidneys drew from the liver the surplus of sugar and eliminated it, Dr. Grant-Bey asked Dr. Hassan-Pasha Mahmond if from his perusal of the original he could make out that Avicenna had any suspicion of the nerve center having any thing to do with the formation of this extra quantity of sugar that the liver could not support, and that the kidneys had to drain off.

Dr. Grant-Bey then gave his experience of treating such cases with *salol* and with *salol* and *opium* combined. He noticed a marked amelioration in some cases, while in others the sugar would disappear completely from the urine, to reappear again when the patient had worry or annoyance about any thing. Dr. Grant-Bey wished, therefore, to know exactly if the vice-president's cases were permanent recoveries, or only completely cured for a time,



Dr. Hassan-Pasha Mahmoud replied that the four cases he had referred to as being completely cured had never returned for treatment, so he considered he was justified in citing them as permanent recoveries.

Dr. Elni-Bey then referred to the statements made by Dr. Grant-Bey, making it more clear that *salol* was distinctly a palliative and not a specific in this disease.

The president then closed the discussion by stating that there was yet much to say on this subject, but he thought the diet was the main thing to depend on.

The further discussion on this topic was relegated to the next *seance*.—*Editorial in Al Shifa*.

A LIST OF THE PRINCIPAL ARTICLES TAKEN FROM THE INDEX OF THE FIRST VOLUME OF THE ARABIC MEDICAL JOURNAL, "AL SHIFA."

Amœba as the Cause of Dysentery. By Dr. Kartulis of Alexandria.

Bilharzia. By Dr. Diab, of Alexandria.

Bilharzia. By Dr. Fouquet, of Cairo.

Bichloride of Mercury in the treatment of Contagious parasitic maladies, and more especially in Diphtheria, administered internally. By Dr. Grant-Bey, of Cairo.

Extraction of a Nasal Polypus. By Dr. Milton, surgeon-in chief of the Hospital of the School of Medicine, of Cairo.

Artificial Yawning in the treatment of Congestive Diseases. By Dr. Abbate Pasha, of Cairo.

Electricity in the treatment of Leprosy. By Dr. Milton, of Cairo.

Surgery of the Viscera. By Dr. Schmeil (Ed.). Wounds of the Abdomen, with Extrusion of the intestines; treatment; recovery. By Dr. Post, surgeon of the School of Medicine, Beyrout, Syria.

Observations on a Case in which a Bullet had penetrated the Cranium by entering at the Orbit and going out at the Occiput. By Dr. Moussali, of the Egyptian Army in the Soudan. Studies on the Sulphur Baths at Helonan, near Cairo. By Dr. Schmeil (Ed.).

Studies on the Sulphur Baths at Helonan, near Cairo. By Dr. Schmeil (Ed.).

Observations on Artificial Anus during the course of Typhoid Fever. By Dr. Diale, of Alexandria.

Symptoms of the Typhoid Fever called Malignant Fever, in an anonymous Arabic manuscript.

The Microbe of Elephantiasis. By Dr. Walter Innes, director of the Microbiologic Laboratory of the School of Qsar el Ainy.

Report on Diabetes connected with Malaria. By Dr. Schmeil (Ed.).

Observations on Diabetes connected with the Puerperal state. By Dr. Diab, of Alexandria. Treatment of Phthisis by Gaseous Injections into the Intestines.

Treatment of Bleorrhagia by Lemon Juice (*jus de citron*). By Dr. Hassan-Pasha Mahmoud.

Sanitary Statistics of Egypt; Medicine amongst the Arabs. By Dr. Schmeil (Ed.).

Observations on a case of Perihepatitis; suppuration; operation; death. By Dr. Schmeil (Ed.).

The Germ Theory. By Dr. Schmeil (Ed.).

Extraction of a Foreign Body from the Oesophagus. By Dr. Durry-Bey, Professor of Surgery at the School of Qsar-el-Ainy.

Excision of a part of the Intestine; recovery. By Dr. Amin Abukhater, Syria.

Curious Effects from the administration of Iodine; intense pain in the joints, causing the patient to be laid up after the smallest dose of Iodine. Repeated and verified in the same person at three different times. By Dr. Schmeil (Ed.).

[Besides the above *Al Shifa* contains all the recent important discoveries announced in the medical press, the reports of medical societies, and every thing connected with the advance of all the branches in medicine.]

A LIST OF THE PRINCIPAL ARTICLES IN THE SECOND VOLUME OF "AL SHIFA."

A case of Hysterical Delirium in a man, lasting eighty days; for fifteen days the patient took no nourishment of any kind, and for the rest of the period only an insignificant quantity; ending by a spontaneous Hypnotism, during which curious experiments were made. Recovery. By Dr. Schmeil (Ed.).

Extraction of a Bullet which had been imbedded in the crest of the Ilium for five years. By Dr. Durry-Bey.

Bacteria.

Penetrating Wound of Abdomen, with protrusion of Intestines. Recovery. By Dr. Mahmoud Fahmy.

Jugulation of Typhoid Fever by Quinine and Tepid Sponging. By Dr. Schmeil (Ed.).

On Dilatation of the Stomach. By Dr. Fouquet.

Treatment of Diphtheria by the external use of Bichloride of Mercury. By Dr. Schmeil (Ed.).

The Egyptian Boil. By Dr. Hassan-Pasha Mahmoud.

The Dengue Fever in Egypt. By Dr. Schmeil (Ed.).

Treatment of Hydrophobia by Cantharides. By Dr. Wassili Dunstri, Cairo.

The Green Diarrhoea of Infants. By Dr. Fouquet.

Treatment of a Case of Strangulated Hernia by Electricity; recovery. By Dr. Mahmoud Helmi, House Surgeon at Qsar-el-Ainy Hospital. The action of the Liver in the destruction of Poisons.

Craniotomy in Egypt, with Reference to Dr. Grant-Bey's article on the Egyptian midwives.

A Study on Simulated Diseases. By Dr. Ahmed-Bey Hamdy, Cairo.

Hydrophobia.

The Cholera in Europe.

Antiseptic treatment of Infantile Diarrhoea.

Aphasia according to Broca.

Pregnancy with Hymen intact; delivery assisted by cutting the Hymen. By Hakeema Madame Zareefa and Dr. Moussalli.

Greasy Urine. By Dr. Hassan-Pasha Mahmond.  
 Darwinism in the Medical Schools.  
 Phthisis in Man and Beast.  
 Journalophobia and Journalophagia; two literary diseases in the Orient. A humorous article.  
 By Dr. Schmeil (Ed.).  
 On the action of Narcotics in Madness.  
 On the Anæsthetic effects of Carbolic Acid tisanes in fevers.  
 A Physiological Study on Gymnastics.  
 Glaucoma.  
 Treatment of Phthisis by inhaling Sulphurous Acid.

Treatment of Syphilis by Mercury.  
 Grant-Bey and Greene-Pasha. An article on the disagreement that has arisen between Dr. Grant-Bey and Greene-Pasha on the Egyptian midwife question.  
 On Phthisis as a Contagious Disease, giving several facts tending to uphold the contagious theory. By Dr. Yolkh, Beyrout, Syria.  
 On the Marriage of persons affected with Nervous Diseases.  
 On Dosimetric Medicine.  
 History of Medicine (continued).

## ABSTRACTA.

**DRUNKENNESS NO EXCUSE FOR MURDER.**—Dr. T. D. Crothers, of Hartford, Conn., sends us a paper on the case of Otto, who was hanged for murder of his wife at Buffalo, 1884. The defense was insanity, and the pretext for the crime was a delusion that his wife was unfaithful.

The ancestry of the prisoner was marked by insanity, and he appears to have been half crazy, partly by inheritance and poor living, and partly from hard drinking for twenty years. Dr. Crothers, who was called to examine him in jail pending his sentence, gives an *ex parte* and ingenious array of the circumstances going to show that he was insane and the victim of delusion, but he has nothing to say of the recognized legal test, the prisoner's ability to discriminate between right and wrong.

Although he does not say so, it is quite probable that he does not believe in the justice of this test. But in one place he lets out an expression made by the prisoner just after the murder which shows that he did know right from wrong—he "talked of getting into a 'bad job.'"

There is nothing in this array of the case which shows that the prisoner was any thing more than the victim of a bad temper and strong drink.

Two physicians examined him in jail, pending sentence, and pronounced him sane and shamming insanity. Dr. Crothers pronounces him "another victim of medical non-expertness and judicial incompetency," and compares his case to that of the Salem witches. This is as logical as the modern physician usually is when he gets this "bee in his bonnet" of struggling to save a drunken bad-tem-

pered, ignorant fellow from the gallows, on the plea of insanity.

For ourselves we are growing to believe that when a man commits a murder under the influence of strong drink, especially as the result of a long course of dissipation, even though he may be crazy from drink at the time, the best thing for society is to put an end to his dangerous life. Not if he becomes insane through the visitation of God, but only when he becomes insane through the indulgence of his own vicious passions.

If he wants to do so, the doctor may set us down as an adherent to what he describes as "the mediæval theory that inebriety is ever and always moral depravity and controllable wickedness," and that this is not "mistaking insanity for wickedness."

There is always a time in the lives of most men when they know it is wrong to kill, and if they lose this sense through a voluntary yielding to this vile appetite for strong drink, let them be judged as responsible. And if necessary let it be made a criminal offense to sell strong drink to one habitually.

Society has a right to take care of itself regardless of the appetites of those who crave, and the greed of those who sell, the hellish potion.—*Albany Law Journal*.

**BEER COMPARED WITH OTHER ALCOHOLICS.**—For some years a decided inclination has been apparent all over the country to give up the use of whiskey and other strong alcohols, using as a substitute beer and other compounds. This is evidently founded on the idea that beer is not harmful, and contains a large amount of nutriment; also that bitters may have

some medical quality which will neutralize the alcohol which it conceals, etc. These theories are without confirmation in the observation of physicians. The use of beer is found to produce a species of degeneration of all the organs, profound and deceptive fatty deposits, diminished circulation, conditions of congestion and perversion of functional activities, local inflammations of both the liver and kidneys, are constantly present. Intellectually a stupor amounting almost to paralysis arrests the reason, changing all the higher faculties into a mere animalism, sensual, selfish, sluggish, varied only with paroxysms of anger that are senseless and brutal. In appearance the beer-drinker may be the picture of health, but in reality he is most incapable of resisting disease. A slight injury, a severe cold, or a shock to the body or mind, will commonly provoke acute disease ending fatally. Compared with inebriates who use different kinds of alcohol, he is more incurable and more generally diseased. The constant use of beer every day gives the system no recuperation, but steadily lowers the vital forces. It is our observation that beer drinking in this country produces the very lowest kind of inebriety, closely allied to criminal insanity. The most dangerous class of ruffians in our large cities are beer-drinkers.

Recourse to beer as a substitute for other forms of alcohol merely increases the danger and fatality.—*Scientific American*.

THE ALCOHOLIC RED NOSE.—*The Church of England Temperance Chronicle* states that the following appeared among the miscellaneous advertisements in a recent issue of the *Irish Times*: "How to Change the Color of an Alcoholic Red Nose.—Recipe, which is effectual in nine cases out of ten, may be had by sending postal order for 10/ to 'K,' 738, this office." There is a very watchful worker in Dublin in the person of Mr. T. Wilson Fair, the energetic Hon. Secretary of the Dublin Total Abstinence Society, so it is not a matter for surprise that on Tuesday the quaint advertisement above quoted was immediately followed by this: "How to Change the Color of an Alcoholic Red Nose.—Don't waste 10/. Call over to the Coffee Palace, 6 Townsend

street, and in 99 cases out of 100, sign the pledge and keep it, your nose will assume its natural shape and color.—Alcoholic Red Nose Curing, 6 Townsend street, Dublin."

SNAKE BITE AND ITS ANTIDOTES.—Continued from page 212. [In Dr. Yarrow's review of the literature relating to serpent poison, he mentions experiments with arsenic, boneset, alcohol, "snake-stone," snake-gall, etc., which have attracted the attention of herpetologists of late years, but with negative results.

Alcohol is regarded by Dr. Weir Mitchell as merely a "counteractive agent," a stimulant which may buoy the patient over the prostration produced by the venom. It is not a direct antidote, for a mixture of alcohol and venom is no less deadly than the venom alone.

The bite of the Gila monster, *Heterodermus suspectum*, is considered poisonous by many, especially by Drs. Weir Mitchell and Reinhert, who read a paper on the subject before the College of Physicians, Philadelphia. But Dr. Yarrow shows by many experiments that there is reason to believe that the animal is harmless.

We print the seventh and concluding paper of Dr. Yarrow's series in *Forest and Stream*.]

Can we now, in view of the results of our experiments, propose any plan of treatment for snake bite which will afford reasonable ground for a belief that danger may be averted and human life spared? It is thought the question may be answered in the affirmative, especially as regards those persons bitten by North American species of poisonous reptiles, and the following suggestions are offered with the earnest desire that they may realize fully the hopes of the writer.

What shall a person do who is bitten by a venomous snake? The first advice to give is that he or she should not lose presence of mind, and become so nervous as to be incapable of cool and deliberate thoughts.

If the bite is upon one of the lower limbs or upon the arm, a *broad bandage* of unyielding texture, if possible, should be placed tightly around the affected member, and between the bite and the heart, and be securely fastened. This bandage or ligature can be made by tear-



ing up a shirt and using two or three thicknesses of the material, an inelastic suspender will answer, pieces of a handkerchief may be used, or if in the woods a strip of bark from a sapling can be hastily slit off and applied. A leather strap or thong is better than any thing else, but even long grass rolled together so as to form a cord may be used in an emergency.

In applying the band or ligature, of whatever nature, it should be started about six inches above the bite and the turns made to run downward toward the puncture, and should be wrapped so tightly as to cause the injured limb to become turgid with venous blood.

Having fastened it securely, a number of *cross cuts* should be made through the points of the puncture from the snake's fangs, deep enough to pass down into the muscular tissue, taking care to avoid veins, which will be seen standing prominently forth, and bleeding from the cuts can be encouraged by rubbing the limb gently up and down below the ligature.

A wide-mouthed bottle or similar utensil, from which the air had been driven forth by burning some whisky or a piece of paper in it, should be applied to the wound, and it will act as a *cupping glass*; or, still better, let the bite be sucked by the patient himself, if he can get at it, or have some courageous friend with a healthy mouth perform this act for him.

The pulse should be felt, and if it weakens, showing that possibly a portion of venom is reaching the general system notwithstanding the constricting band, *whisky* should be given in moderate quantities. From time to time the band should be slightly loosened and then replaced, so as to admit of partial circulation, but as the heart flags the stimulant must again be administered.

It is no use to make the patient drunk, for alcoholic liquors are not antidotes in any sense; they simply act as a tonic to the failing circulation.

The writer has been informed by a gentleman, long resident in Texas, that the plan proposed has been constantly employed in that state, and that few deaths result there from the bite of venomous snakes. Of course it will be understood that these suggestions are intended to meet sudden emergencies and not to take the place of treatment by intelligent by-

standers or physicians. Under all circumstances the ligating band should be first applied and the incision made, and then if circumstances will admit, the following procedure, it is thought, will be the best.

*Cupping glasses* should be applied over the wound, after which a 20 per cent. solution of *permanganate of potassa* should be injected with a hypodermic syringe directly into the wounded tissue and retained there by means of the finger or compress. The flesh should also be kneaded so as to distribute the solution through the tissues in the immediate vicinity of the bite.

In addition the patient should be made to swallow 20 minims fluid extract of *jaborandi*, or its alkaloid, *pilocarpine*, may be used hypodermically.

If the venom appears to be gaining ground, another injection of the *permanganate* may be given, followed by more of the *jaborandi* or *pilocarpine*, but the latter drug should be suspended when it is found the patient is perspiring freely and when excessive salivation is produced. Carried too far this remedy would weaken instead of strengthen the heart. *Whisky* or *brandy* may also be used in limited quantities from time to time.

In the absence of any of the means suggested in the way of remedies, the primary fact to keep in mind is the importance of the *ligature*, *incision* or scarifying the affected part, and the promotion of a *free flow of blood*.

If nothing can be found to use as a cupping glass or no one is courageous enough to use the mouth, the old-fashioned country remedy of *splitting open a live chicken* and applying it over the wound may be tried, or, as has been tried in India with success, *the anus of a chicken* may be applied over the wound, using a number of different fowls for the purpose. The writer recommends these methods only because there is undoubted evidence of their efficacy. A piece of *porous clay* might be applied, as it would doubtless act in the same manner as did the *snake stone* in our experiments.

It is very important to remember that the ligature or constricting band cannot be allowed to remain very long, as gangrene would inevitably result; it should be loosened from time to time so as to admit of a slight circulation through the

affected part, and to permit a small amount of the venom only to enter the system, and the effect of this should be met by the administration of the remedies already indicated.

In the case of a rapidly weakening heart, *tincture digitalis* in 15-drop doses might be given every two hours, or, if at hand, a few drops of *nitrate of amyl* might be inhaled. Every thing failing, it might be worth while to attempt *artificial respiration*, in the hope that if life could be prolonged the system might throw off the poison, as it has been shown by the Indian Snake Commission that the action of venom actually is delayed by this method.

In one case mentioned by Vincent Richards,  $\frac{1}{4}$  of a grain of cobra venom was injected into a dog. "It took four hours and ten minutes before the animal appeared to be dying, until *artificial respiration* was resorted to. In four minutes more, in the absence of this system, this animal's heart would have ceased to beat and somatic death been completed. But by its steady application life was extended to forty-one hours and fifty-two minutes." In a desperate case there should be no hesitation in trying the effects of artificial respiration.

Before leaving the subject of snake bites it seems proper to allude to a matter which has of late received some little attention, viz., the *preventive inoculation* of serpent venom to prevent danger from bites, and while the writer does not commit himself to the theory, he believes it may be worthy of serious consideration.

As has already been stated in this paper, the Ann Arbor experiments showed conclusively that after a time with repeated inoculation of venom the animals experimented upon seemed to be much less susceptible to its effect, and quite recently an individual has been visiting the principal cities claiming an immunity from snake bite, on account of an inoculation performed on him by some South American Indians, and offering to have the matter tested upon a large dog, which had also been inoculated. It has been stated that in Philadelphia these experiments were successful.

Tschudi informs us that some of the South American Indians are said to acquire an immunity from snake bite, having been previously inoculated, but the process has

to be repeated from time to time. In this connection the following extract is given from *The Veterinarian*, Lond., 1887, lx., 565, as it seems to bear the impress of truthfulness.

"Three of the oxen were bitten by snakes. One of the bushmen undertook to cure them, and made one or two slight incisions round the place where the bite was, which was easily seen by swelling, and rubbed in a powder which he said was made from the dried poison sacs of another snake. In a few hours the poison had entirely subsided, and the cattle were as well as their half-starved state would allow them to be. I expressed some doubt whether this cure would be efficacious in the case of the more deadly kind of snake, but the bushman assured me that it would, and that he was not afraid of being bitten by any snake in this country so long as he had the poison sac of another snake to use as an antidote.

"The very next day I had an opportunity of putting him to the test. While walking ahead of the wagon I saw a full-grown capell or spunghe slange lying under a bank, and calling the bushman, said: 'Catch that snake alive. You are afraid of it, are you?' 'No, boss,' he replied. 'I am not afraid, and will catch it for a roll of tobacco.' Not wishing to be accessory to his death, I refused to bribe him, and went to get the driving whip to kill the snake with. I had scarcely returned when he gave it a kick with his naked foot, and the horrible reptile bit him. Coolly taking out some dried poison sacs he reduced them to powder, pricked his foot near the puncture with his knife, and rubbed the virus powder in just as he had done with the cattle. In the meantime I had put a stop to the snake biting any more, by a blow from the whip-stock, and the bushman extracted the fangs, drank a drop of poison from the virus sac, and soon fell into a stupor, which lasted some hours. At first the swelling increased rapidly, but after a time it began to subside, and next morning he inoculated himself again. That night the swelling disappeared, and in four days he was as well as ever."

In conclusion, it may be mentioned that this record of experimental inquiry is not intended as an exhaustive treatise, for as opportunity occurs other experiments will be tried with such supposed remedies for

snake bite as may be offered, and the results will be duly published.

Thanks are offered to his assistant, Mr. E. B. Rheem, and to Capt. Bendire, U. S. A. It is proper to add that the greater part of the expenses of the investigation have been borne by the National Museum.

**CREASOTE IN PHTHISIS.**—Sommerbrodt, whose name may yet be placed with Koch's, resorted to the use of creasote. This well-known germicide has been demonstrated by Sternberg to be fatal to micrococci in the strength of 1 to 200. While Sommerbrodt admits that it may not be from its antiseptic or germicidal powers that it benefits, but that it may be simply from its favorable action upon digestion, still he advises that it be pushed to its utmost limit of toleration, as here is where so many fail in its use. Pushing it to this extent would be unnecessary if its beneficial action was expended only upon the process of digestion and assimilation; for experience with the drug plainly shows that it is the small doses and not the large which assist digestion, and that the large ones which he advises occasionally irritate the stomach. He says that disappointment arises only through timidity. "The more creasote that can be borne the better the effect," is his dictum. He claims to have treated 500 cases during the past nine years, and of those treated by Bouchard's formula, 27 per cent. recovered. Others were treated by the following formula, which gave the best results:

R	Creasoti,	-	-	minims xv.
	Tr. gentian,	-	-	minims xlv.
	Spir. vini rect.,	-	-	f 3 viiss.
	Vini Xerici, q. s. ad			f 3 iij

Of this one ounce was taken three times a day. The creasote was gradually increased to thirty grains. He obtained the best results by following treatment for from three months to a year. The most benefit was seen in the young and in the first stages of the disease, when the symptoms were not well defined. Good results were always secured when scrofulous glands were present. It generally relieved irritation and cough, and secretion and expectoration diminished, so that narcotics could be dispensed with.

Dr. Solis-Cohen has used creasote for many years, not as a specific, but to prevent retardation of the decomposition of

undigested nutriment. He has used it in chronic diarrhœa for twenty-five years. He has found that the beechwood creasote is the best to use, and rarely exceeds one-half minim at a dose. He claims to have used this with such benefit for twelve years that he rarely uses oil or hypophosphites.

Mrs. G. M., thirty-six years old, was seen first for her present trouble, December 3, 1887. I had treated her four years before for incipient phthisis, but had heard nothing from her during the intervening time. On November 1, one month before I saw her, she gave birth to a child, and since her confinement has rapidly failed until she sank into a condition of tuberculosis in the third stage. Her condition was as follows: Temperature 103°; profuse sweating at times; violent cough and abundant expectoration of yellow mucopus; violent delirium occasionally, but never quite herself. Physical examination disclosed the fact that there were large cavities in the apex of the left lung and flatness upon percussion in other portions of the same lung. Auscultation showed the vesicular murmur absent in the apex of left lung, and the presence of blowing, gurgling respiration, with bronchial breathing in other parts. The pulse was 120; there was no appetite. I immediately began the use of creasote, giving one minim three times a day, and gradually increasing drop by drop until the amount of thirteen grains was taken (January 14, 1888) at a dose. At that date the delirium had entirely disappeared, sweats greatly diminished, cough slight, and little if any expectoration. She has gained strength, flesh and appetite. She sits up four hours a day, whereas ten weeks ago she could not get out of bed. At the date of present writing, May 1, she is around the house, gaining flesh and feeling well. The lungs have improved, and the gurgling sound of air bubbling through fluid is gone. She has taken creasote constantly for four months with two interruptions of one week each. She has taken as high as eighteen grains at a dose without visible inconvenience. During this time she has had no other medication, and her diet has been principally composed of crackers and potatoes. I should state, however, that she had small quantities of whisky part of the time.—*F. L. Ladue, M.D. (A. M. C., '83), Alburch Springs, Vt.; Med. and Surg. Rep.*



# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE

ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.

Editorial Committee:

LORENZO HALE, M.D.,

A. VANDER VEER, M.D.,

F. C. CURTIS, M.D.

VOL. IX.—No. 8.

AUGUST, 1888.

\$1.00 A YEAR.

## MYXÆDEMA IN ALBANY.

In the July and August numbers of the *American Journal of the Medical Sciences* are two papers on "Myxædema" by Dr. Henry Hun, of this city. The first paper consists of a report of four cases of myxædema, with two autopsies; the report of the microscopical examination of the tissues in the two fatal cases being made by Dr. T. Mitchell Prudden, Director of the Laboratory of the Alumni Association of the College of Physicians and Surgeons, New York. In the second paper the four cases reported in the first paper are compared with one hundred and fifty reported cases of myxædema which have been found by Dr. Hun in medical literature.

The four cases in the first paper are reported in great detail, and show accurate clinical investigation, while the report of the microscopical examination by Dr. Prudden is by far the most valuable contribution to the pathological anatomy of myxædema extant. The first paper is illustrated with thirteen wood-cuts and three full-page photo-lithographic plates, each containing two figures. The generalizations made from the one hundred and fifty-four reported cases in the second paper are of great interest and value, and throw much needed light on a subject which is still involved in great obscurity,

and which is but imperfectly understood by many practitioners of medicine.

It is remarkable that four cases of such a rare disease should have occurred here; and this article, together with the other important papers which have been published by the surgeons and physicians of this city during the past few years, makes certain of fulfillment the hope that we have long cherished that not only the Albany Medical College, but also the important contributions which Albany medical men make to medical literature, will keep up the reputation of Albany as an important medical center.

## WHAT SHOULD THE INEBRIATE DO?

We make room in the ANNALS for the abstract of Dr. Crothers' lectures on "Inebriety," kindly furnished at the solicitation of our publishing committee, although our view of the subject is different from that expressed by the lecturer.

A similar paper by Dr. Crothers, treating of inebriety as a disease and of the obscurity of its nature, was printed in the ANNALS in 1883; and on page 160 *et seq.* of the same volume is an editorial pointing out that "perhaps it is to be allowed that there are dipsomaniacs, as there are kleptomaniacs—persons with unsettled reason whose mental aberration takes this form, and in whom will-power is unequal

to the impulse, and may be said not to enter into the question. The existence of this class may be allowed, but they can be recognized as distinct. Here are two classes, the dipsomaniac and the confirmed sot, who may be covered by the disease theory of inebriety—the one an original diseased condition, the other an acquired one, and the nutritional changes established, if they be, as the result of a vicious habit set up by his own responsible act.

"But the broad statement that inebriety is a disease seems most pernicious. It is no more a disease than theft, or arson, or idleness. To establish such a doctrine would only result in evil. \* \* \* Better to punish the vice than to 'coddle' it as an invalidism."

The treatment of inebriety by military regimen in workhouses, as recommended in Dr. Crothers' lectures, does not materially differ from state-prison management of criminals, and this has incidentally been found to control inebriety.

The results of treatment by simple restraint or by total abstinence seem, therefore, to affirm the relation of inebriety with criminal vices, rather than with mere pathological conditions.

Where, in his conclusion, Dr. Crothers says, "In the cure of inebriety all study of cases points to a *physical causation*, to be removed by *physical means*"—if by the term "*physical means*" he intends principally "total abstinence," he certainly has a large vote of endorsement. Where he says: "All accurate study of the inebriate indicates a distinct range of causes, both *physiological and psychological*," he seems to oppose the view of a purely "*physical causation*."

Now, as to what mainly constitutes the "physical causation" which is to be treated by "physical means," Dr. Crothers says: "Of one hundred inebriates, representing all classes, sixty will be found with defective brain and nerve organiza-

tion from *inheritance*." "In direct heredity, *moderate*, excessive or periodic drinking parents are *always* followed by inebriate children, either in the first or second generation."

When we reflect that there is no one now living whose parents or grandparents were not at least moderate drinkers, inasmuch as they lived before the time of temperance advocacy, when moderate drinking was universal, we see that this statement as to inebriate children in succeeding generations includes all of us as now inheriting the disease inebriety, in a more or less latent form, which needs only difference in environment to develop, in us all, different grades of the same disease.

Nor, if we are total abstainers, are we above the suspicion of contamination with the latent hereditary disease of inebriety; for Dr. Crothers classes such as *on a par with inebriates*, where he says of the children of moderate drinkers, "The first generation will be either inebriates or *rigid abstainers*, and always have marks of defect of some kind."

While it is true that the most radical prohibitionists and the most rabid teetotalers are frequently those who have themselves been inebriates, or whose parents, brothers or sons have been, yet Dr. Crothers may not have intended to convey the idea that total abstainers are, as a class, so unreasonable as to belong in the same category with inebriates, although that interpretation might be inferred.

Nevertheless, it is probably true that everybody does really receive by heredity a "cerebro-psychical" condition which is a predisposing cause of either moderate or excessive use of intoxicants, which may be made manifest when special circumstances are brought to bear on the individual.

It is therefore true that *everybody* needs suitable and sufficient "physical means" with which to combat this insidious and

ubiquitous disease. If the said "physical means" consist, either wholly or in part, of abstinence or restraint, then, for the independent self-administration of said "physical means," either mental or moral or religious aids, or some combination of such aids, are essential.

A Quaker method of curing drunkenness "is as easy as to open thine hand. When thou art raising the intoxicating glass, open thine hand quickly before the glass touches thy lips." This method is really a "physical means" of removing a "physical causation" of inebriety, but it is accomplished only by a conscious effort of the will.

In the successful treatment of inebriety the mental and moral elements are as necessary as the purely "physical means," which by itself can give only temporary control. Inebriety is temporarily controlled when the inebriate *can't get* liquor. A truer cure is reached when our patient persistently *won't drink* liquor. Human nature needs the same aid against inebriety as against any other vice. We all need to imitate Paul, and "keep the body under, and bring it into subjection."

Mrs. Harriet Beecher Stowe said: "Boys, if you don't drink, you won't get drunk. That's so, isn't it?"

What should the inebriate do?

Should he decline to be subject to any requirements of self-restraint and shield

himself from responsibility by the plea of heredity and environment?

If so, should not the adulterer claim that his irresistible impulse is just as truly the result of heredity and environment, and that he, poor fellow, cannot help himself?

The heredity in the case of the latter, as in the former, is in some families strongly marked. The environment in both cases is often what the individual, by his own choice and will, deliberately creates.

The adulterer may certainly claim that his overt acts must not be characterized as vicious or criminal, but that they are only symptoms in the natural development of an obscure psycho-cerebellar disease, of both physiological and psychological etiology, of which much yet remains to be learned; and for which the unfortunate victim (in this case the adulterer himself, and not his prey) can be held in no sense responsible, but which entitle him to the same respectful consideration and tender pity as the drunkard.

Defenders have been found for the theory that every vice and crime is merely the expression of some psycho-pathological state, or is an allotropic form, as it were, of disease.

The drunkard, or any other sinner, will be pleased to know that he is exempt from any requirement to "resist the devil," or to control his appetite.

## BOOK NOTICES.

PRACTICAL ELECTRO-THERAPEUTICS. By William F. Hutchinson, M.D., Providence, R. I. 217 pages, 12mo. Philadelphia: Records, McMullin & Co. 1888.

The disappointments and annoyances, such as we have all had in the use of electricity, have been part of the experience of Dr. Hutchinson; yet his book is full of encouragement.

The philosophy of electricity, explanations of batteries, and all theories are avoided, and space is occupied with the technique of galvanism and of faradization, and in emphasizing the convictions tested in practice.

In the chapter on "Urethral and Uterine Electrolysis" he says that the galvanic operation for stricture "was devised at



about the same time by Dr. Robert Newman and myself, and fully tabulated by Dr. Newman." "At a recent meeting of the British Medical Association this operation received much attention, and due credit given to American surgery therefor, but by no means sufficient to Dr. Newman, who emphatically deserves a pioneer's laurels."

"The only point wherein my friend Newman and I disagree is \* \* \* I believe it is better to have a battery of low tension, *i. e.*, some form of Daniel element, than a bichromate cell. \* \* \* Much muscular contraction of either voluntary or involuntary fibre is avoided."

The discouraged physician will read, and use his batteries again.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M.D., Lecturer on Laryngology and Rhinology in Jefferson Medical College, Philadelphia, etc., and seventy Associate Editors, assisted by over 200 Corresponding Editors, etc. Illustrated with Chromo-Lithographs, Engravings and Maps. Five octavo volumes, about 600 pages each. F. A. Davis, publisher, Philadelphia and London. 1888.

It gives us much pleasure to receive the first issue of the "Annual." It well fulfills the expectations of those who awaited it. It is a selection of the points worth noting in the articles of value written during the year, arranged and classified, and subdivided, when the amount of matter permitted of it, into the several eral subsections of etiology, pathology, treatment, etc. The associate editors having introduced, besides their views and deductions, their personal experience, the work is in reality more of a text-book, based upon the literature of the year and the reports of corresponding editors, than simply a collection of abstracts, such as *Schmidt's Jahrbucher*, *Revue des Sciences*

*Medicales*, and other publications of the same order.

The reports of the corresponding editors, especially those in semi-civilized or uncivilized countries, will be of great value in bringing to light clinical data that will materially aid in elucidating many doubtful questions in diseases common to those countries, but rare in ours. The correlation of such a vast amount of matter furnishes ample opportunity to compare, and the "Annual" should prove of service to investigators, especially in this country.

Its large circulation abroad will doubtless contribute materially to show the prominent part taken by the American medical press and writers in the general advance; and they doubtless will always receive especial attention in the "Annual," essentially an American publication.

A valuable and unique feature is the three-column index—first, the general index; second, index of therapeutics; third, authors quoted.

THE INFECTIOUS DISEASES. By Karl Liebermeister. Translated by E. P. Hurd, M.D. Vols. I. and II., being Nos. 8 and 9 of the Physicians' Leisure Library, George S. Davis publisher, Detroit, Mich. Subscription price of the series, \$2.50 a year, issued monthly; single numbers, paper, 25 cents; cloth, 50 cents.

Vol. I. (No. 8), 141 pages, treats of Miasmatic Diseases and Malaria and of Typhoid Fever.

Vol. II. (No. 9), 128 pages, includes the topics—Measles, Scarlet Fever, Small-Pox, Vaccination, Varicella, Rubella, Diphtheria.

Prof. Carl Liebermeister, of Tubingen, is one of the most uncompromising adherents of the germ theory of disease. The fruits of his twenty-five years of study in this field are here given. The author's chapter on "The Nature of Infection," etc., is omitted here, and instead the

reader is referred to the author's treatise in Ziemssen's Cyclopædia, published twelve years ago, with the remark, by the translator, that "the years which have elapsed since the publication of that work have added much that is illustrative and confirmative of the positions there taken."

The translator has ably indicated, in notes and appendices, American methods and views, and all advances made since Leibermeister wrote, three years ago.

**MINOR GYNECOLOGICAL OPERATIONS.** By J. Halliday Croom, M.D., F.R.C.P.E., F.R.C.S.E. First American from Second Edinburgh Edition. Revised and enlarged by Lewis S. McMurty, A.M., M.D., formerly Professor of Anatomy in the Kentucky School of Medicine. 228 pages, with numerous illustrations. Philadelphia: Records, McMullin & Co. 1888.

The student will find many valuable hints on minor matters that are of great service in gynæcic surgery. The directions are systematically arranged and well expressed, and aided by well-chosen illustrations. Dr. McMurty has appended a very appropriate chapter on Laparotomy.

**DISORDERS OF MENSTRUATION.** By Edward W. Jenks, M.D., LL.D., Professor of Gynecology, Michigan College of Medicine and Surgery. Physicians' Leisure Library Series. 120 pages, paper, 25 cents.

The motto on the title-page, "*Valeat quantum valere potest*," i. e., "Let it be healthy so far as it can be healthy," may imply doubt whether menstruation is physiological or pathological.

The uterine dilator of Dr. H. T. Hanks (A. M. C., '61), of New York city, is illustrated and commended. "The Perfection Douche," an apparatus contrived by an Albany physician, also appears among the illustrations, and the author say it "has several qualities conducive to comfort, convenience and utility."

Many useful hints and prescriptions are given.

**MORROW'S ATLAS OF VENEREAL AND SKIN DISEASES.** 75 folio-size, colored plates, in fifteen monthly parts, each having 16 to 20 folio pages of text, \$2.00 per part. William Wood & Co., publishers.

Part No. 8 is now delivered, containing 32 folio pages of text on Skin Diseases, and 16 large colored figures on five pages of plates.

**AMERICA: A JOURNAL OF TO-DAY.** A large quarto, published weekly by the American Publishing Co., 180 Monroe street, Chicago. \$3.50 a year; 10 cents a number.

Devoted to the advancement of American ideas and American institutions. Independent and free from party affiliations, its aim is the purification of politics from the contaminating influence of foreign ignorance, prejudice and vice. To the fair discussion of the social, economic and national questions of the day all independent thinkers throughout the country are invited.

The list of contributors contains the names of men and women of recognized eminence and of popular esteem as sound and entertaining writers.

*America* will be an undoubted power in molding public thought.

#### EXCHANGES, PAMPHLETS, ETC.

*Merck's Bulletin.* A Periodical Record of New Discoveries, Introductions, or Applications of Medical Chemicals. Darmstadt—London—New York. Publication office in New York city, 73 William street. Subscription, 50 cents per year. Published bi monthly. Extra numbers as occasion may require. Not an advertising or business medium in any sense whatever, neither for "Merek" nor for any other trade interest. No advertisements or business notices of any nature will ever be received in its pages, and its method of discussing matters is purely scientific, statistic and neutral.

*The American Meteorological Journal.* Ann Arbor, Mich., offers the following prizes: For the best original essay on tornadoes or description of a tornado, \$200; for the second best \$50, and among those worthy of special mention \$50 will be divided.

*The London Medical Recorder* (replacing the *London Medical Record*). 42 double-column 8vo, pages monthly, 13s. per annum, or 16s. if not paid in advance. W. H. Allen & Co., 13 Waterloo Place, London, S. W.

*Quarterly Compendium of Medical Science*. 304 large 8vo pages, quarterly, 75 cents each, \$2.50 a year. Edited by Charles W. Dulles, M.D., Philadelphia.

*The Cincinnati Medical News and Clinical Brief and Sanitary News*. Edited by J. A. Thacker, A.M., M.D., F.R.M.S., Lond., Fellow of American Academy of Medicine, etc. 72 pages, octavo, monthly, \$2.00 a year. Cincinnati, Ohio.

*The Hygeia*. Published by the Albany Co. (Limited), 132 State street, Albany, N. Y.

"Conservatism in Gynecology." By A. Reeves Jackson, A.M., M.D. *Chicago Medical Journal and Examiner*.

*The Journal of Comparative Medicine and Surgery*. Vol. 9, No. 3, 132 octavo pages, quarterly, \$2.00 a year. 224 South 16th street, Philadelphia.

*The China Medical Missionary Journal*. Edited by J. G. Kerr, M.D., Canton; J. K. McKenzie, M.R.C.S., L.R.C.P., Tientsin; E. Reifsnnyder, M.D., Shanghai; Rev. L. H. Gulick, M.D., business manager, Shanghai. 40 large octavo pages, quarterly, \$2.00 a year.

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# ALBANY MEDICAL ANNALS.

VOL. IX.

SEPTEMBER, 1888.

No. 9.

## SOME CLINICAL MEMORANDA.

### THE ACID DIATHESIS.

By WILLIAM O. STILLMAN, A.M., M.D., ALBANY, N. Y.

(*Albany Medical College, '78.*)

[*For Albany Medical Annals.*]

Clinically I have noted certain groupings of diseases, which, as it has appeared to me, have seemed dependent upon what I have called the acid diathesis. This diathesis is substantially what the French call the arthritic. Some of the group are not, perhaps, what are ordinarily recognized as belonging to that constitutional condition, and I will not attempt to defend the exact pathological accuracy of the classification, but I have found it very useful from a bedside and therapeutical standpoint. Generalizations are very useful oftentimes in therapeutics, even when only approximately correct, for they tend to simplify and unify our methods of treatment, and often free us from false practice. For instance, when we recognize the fact that a very large class of diseases is due to foreign germ-invasion, our treatment ceases to be based on a variety of fanciful individual theories, and assumes a more specific attitude.

*Definition.*—By the term “Acid Diathesis” I do not mean a condition in which the system is necessarily surcharged with acid at all times, but essentially one in which there is a frequent tendency to its pathological exhibition in the muscular and other tissues, on slight

exposures to cold or traumatism which would not affect a person not subject to the diathesis.

According to Pepper, about 34 per cent. of persons affected with acute articular rheumatism suffer from the disease hereditarily. This would probably represent about the proportion of those similarly affected by the acid diathesis.

*Classification.*—A rough classification of the diseases which I have grown accustomed to group, most commonly, under the head of the acid diathesis may be made as follows:

Hyperacidity of the stomach, not dependent on fermentive acidity;

Migrainous headache;

Muscular rheumatism, of which lumbago and torticollis are characteristic examples;

Neuralgias of severe and obstinate types, of which sciatica and intercostal neuralgias are good examples;

Synovitis, which is not traumatic, or tuberculous, as well as such other inflammations of serous surfaces as pleuritis, meningitis, and endo- and peri-carditis, the latter generally recognized as due to this cause;

Parenchymatous tonsilitis, as well as (many times) bronchitis, laryngitis, and even pneumonia;

Erythema, in all its forms, may be a true rheumatic affection.

There is not a tissue in the body which may not be subject to acid, or so-called rheumatic, inflammation. I do not refer to and have not included the forms of acute articular rheumatism and gout, or gravel, although they necessarily come under this classification. Muscular rheumatism may be taken as a type of the form of inflammation to which I wish more particularly to refer, and which is such a nightmare many times to the clinician. This, of course, constantly recurs as a slight, transitory affection, as do its analogues in other tissues. But when the acid diathesis localizes (so to speak) in the form of chronic lumbago, sciatica, synovitis, or bronchitis, it is an affection which merits the most distinguished consideration from its professional antagonist, and generally receives it. One of the most obstinate and tormenting affections of the eye is, I am sure, rheumatism of the sclera, and recently I saw a case of inflammation of the inner ear (mastoid cells), in consultation with a practitioner in a neighboring county, which culminated in an attack of muscular rheumatism, and yielded to anti-rheumatic treatment only. Convulsions and delirium may be associated with rheumatic meningitis. Stubborn neuralgia of the fifth pair of cranial nerves, when not of malarial origin, is frequently associated with the acid diathesis, and it is well known that chorea in children, when not dependent upon mental causes, is usually produced by a rheumatic state of the system (see Pepper). These illustrations of various and rather unusual organs being affected by the acid diathesis might be

largely multiplied. In certain instances it will be conceded that the classification is correct, I think, but in others it will be asked on what grounds it is made.

In sciatica and synovitis, for instance, that query may be made. In these cases the cause—exposure to cold, a wrench, or reduced state of the system—is the same as that producing admittedly rheumatic affections; the character and history of the inflammation is the same, and the most effective treatment is (in my experience) also that found most useful in chronic rheumatism. The same is true of tonsilitis. It yields readily to the salicylate of soda, or even to the bicarbonate of soda (an alkali) rubbed frequently in the surfaces of the tonsil.

*The Cause.*—Gout and rheumatism belong to the same basic diathesis, and are doubtless due to a perversion of the processes of assimilation and excretion. These are probably retarded, and some of the intermediate products of destructive metamorphosis are retained and constitute the effective cause. That it is an acid there can be little doubt—and that is all-sufficient for clinical purposes—but what acid it is we are not so clear about. Perhaps it is lactic acid in rheumatism, and uric acid in gout, as claimed, but the nodular concretions found in rheumatism are urate of soda, and the acid principally excreted in rheumatic fever is uric acid.

The simple lactic acid theory of Prout, the hyperoxidation theory of Latham, the neurosal theory of Mitchell, the miasmatic theory of MacLagan, and the infective germ theory of Heuter, are none of them particularly comforting at the bedside. Most of them have the objections of being both complicated and apologetic.

At any rate, we have the acid, and we all know that lowering of the tempera-

ture causes the crystallization of salts held in saturated solutions. Practically we know at the bedside that we have the conditions which may realize this state of things. The urine, always at the outset, or in acute attacks incident to the acid diathesis, is markedly acid, there has usually been a chilling of the surface, and severe pain has ensued in some part of the body. Whether that has been due to some of the minute acid crystals having been formed in the tissues or not, would be difficult to say on any except circumstantial evidence. The crystals disappear during microscopic manipulation, and nothing else is found. Therapeutically we know that the means best adapted to removing such deposits usually succeeds best—heat and moisture locally to re-dissolve the crystals, alkalies and lithia to neutralize fresh deposits and form soluble urates, and soda-salicylate and special medicaments internally to increase the excretion of the urates through the kidneys. I do not offer this as in the least a novel theory, but as one which I have found a very practical one at the bedside.

*The Treatment.*—I think that this entire class of diseases may be successfully treated in the same manner, because on the same principle. Externally they may be treated in much the same manner, as far as is practicable, from the varying position and function of the part.

An exception to this rule may be found in the treatment of hyperacidity of the stomach. Whether this be due to over-secretion of acid by that organ, or acid fermentation (the diagnostic difference can easily be determined by the presence of torulæ in the egesta in the latter case), the use of acids or alkalies according to Sidney Ringer's formula works well. A few drops of muriatic acid dilute, before meals, for simple acid-

ity, when persisted in, is positively curative, and is also valuable in the fermentive trouble, although any good germicide, as naphthalin or iodol, associated with a laxative is better. The acid and blue-pill treatment for migraine is a time-honored method. In both these cases—gastric hyperacidity and migraine—there is a very different condition from that found in a settled low-grade inflammation in the tissues themselves.

The local treatment of all inflammatory states dependent upon an acid condition, taking lumbago, sciatica, synovitis and tonsilitis as characteristic affections of different tissues, demands a constant and high degree of heat. This may be met by cotton bathing and oil-silk or oil-cotton, through bodily heat; or by heated salt- or sand-bags, hot-water bottles, constantly applied; or what is often better still by moist heat, by means of poultices or cloths wrung out in hot water. Moist heat is better than dry, curatively, just as damp cold is more injurious than dry causitively. The reason for this is that damp cold is a more powerful abstractor of heat than dry, and a Russian steam bath at 115° F. feels hotter than a dry-air Turkish bath at 180° F.

If the pain is so great as to demand local anodynes, I have found the following an excellent application:

℞ Veratriæ, . . . gr. x.  
Chloralis hyd. . . 3j.  
Tinct. iodinii, . . . 3j.  
Lin. saponis camph. ad 3j.

M. S.—Paint over part every three hours.

Or—

℞ Cocainæ muriat. . . gr. x.  
Morphiæ sulph. . . gr. xv.  
Chloralis hyd.  
Camphoræ, . . . āā 3ij.  
Chloroformi, . . . f 3 iss.

M. S.—Apply with camel's-hair brush till parts are insensible.



The most powerful local anodyne with which I am acquainted is—

℞ Menthol, . . . . . 3 ss.  
 Ichthyol, . . . . . 3 iss.  
 Lanolin, . . . . . 3 ij.

S.—Apply locally.

This is safe and often marvelously efficient. If later other means are found necessary to effect a cure, counter irritation in the shape of a fly blister or the thermo-cautery will often prove reliable, although the galvanic current may supply the place of either, skillfully applied.

Internally the medicines which seem to me to merit the highest confidence are those which rapidly show an increase in the uric acid excretion. Of these salicylate of soda, antifebrine, and antipyrine (now on the dictum of the Paris Medical Society to be known as analgesine, the term antipyrine having been copyrighted by adrug firm) are the most useful, especially at the acute stage. Nearly all the compounds of the chinolin group have much the same effect on the rheumatic dyscrasia.

At the very onset the following will usually break up an attack affecting the muscles or nerves:

℞ Tinct. aconit. rad.  
 Tinct. belladonnæ,  
 Ext. colch. sem. fl.  
 Ext. cimicifugæ fl. . āā f 3 j.

M. S.—One drop every hour.

If farther developed and associated with a feverish reaction, the following combination works well:

℞ Pulv. potassii nitratis, 3 j.  
 Sodii salicylatis,  
 Potassii acetatis, . āā 3 iv.  
 Ext. ergotæ fld.  
 Tincturæ aurantii, āā f 3 ij.  
 Aquæ destillatæ ad f 3 viij.

M. S.—A tablespoonful every fourth hour.

The ergot is to counteract the head effects of the salicylate of soda. It is well to begin with a free action from an

hepatic laxative. Cascara sagrada appears to have the same special effect oftentimes in the acid diathesis which colchicum has, and forms an appropriate, though little used, laxative in this connection. In acute rheumatism, antipyrine acts as effectively as salicylate of soda, but more rapidly. Antipyrine should not be given with any nitrous preparation, but may be given in either powder or solution, in doses of from 10 to 20 grains three or four times daily. Acetanalide or antifebrine are about equally effective in one-third the dose, and I prefer the latter as less likely to disturb the stomach, although it is not readily soluble, while antipyrine dissolves in water. Antifebrine I always carry in my hand-bag for its general sedative and analgesic value. It is almost a specific in migraine, and has no bad effect on the system. Alkalies I have found best in conjunction with other treatment. They are so classical in their use as to preclude further remark.

When the acute stage has passed and the disease has become a local one, local remedies can be pushed with renewed vigor and hopes of success. Internally iodide of potassium then offers the best hopes of relief, from its absorptive power, although alkalies and bicarbonate of lithia, in my experience, oftentimes best dissolve out deposits of urate of soda.

A useful formula for the iodide is the following:

℞ Potass. ioidid. . . . . 3 j.  
 Vin. colch. rad.  
 Ext. sarsaparillæ fl. āā f 3 j.  
 Aquæ dest. ad . . . f 3 viij.

M. S.—A teaspoonful four times a day.

The foregoing clinical classification has been very useful to me in the treatment of the diseases named, and the formulas enumerated, coupled with a suitable diet, have served well.

## THE BEST TREATMENT OF WOUNDS.\*

BY ALEX. NELLIS, JR., M.D., WILLARD ASYLUM FOR THE INSANE, WILLARD, N. Y.

*(Albany Medical College, '72.)*

In all countries a certain amount of skill in controlling hemorrhage, extraction of foreign bodies, such as arrow-heads, bullets and other missiles, supporting of fractured bones by splints, the sealing or closing of wounds, together with a reliance upon the healing powers of the tissues, has coëxisted with human needs.

In the translations of the Hindu records dated several centuries before the Christian era, we find descriptions of more than one hundred surgical instruments, and also learn that strict cleanliness was enjoined in caring for them. Incised, punctured, lacerated and contused wounds are mentioned; cuts of the head and face were sewed; poulticing and fomentations were done as at present; amputations of the limbs were performed, notwithstanding the want of good control of the hemorrhage; and boiling oil and hot irons were applied to wounds, or stumps, after amputation, and cup-shaped bandages applied.

Here we have demonstrated, in a primitive manner, the severe but effective surgical principle—the rendering of wounds non-infective by the cauterization of their surfaces, as above stated, by the application of boiling oil and hot irons. It has been shown that burned surfaces are usually found to be aseptic, and heal kindly, even when the primary dressing has remained undisturbed for many days. The ancients resorted to torsion, and Galen even used ligatures to arrest bleeding, but these were soon superseded by the cautery.

The earliest records of the North American Indians show that, to arrest hemorrhage, powdered puff-balls and astringents were firmly bound on the wound; incised wounds they sewed together with strings from the inner bark of the basswood, or fibres from the tendons of deer.

The traditional treatment of wounds met with a great reformation in the practice of Paré, who was formerly a French barber surgeon. He gave to surgery in the seventeenth century its greatest impulse. Previous to that period, gunshot wounds were considered poisonous, and it was customary on this account to cauterize their tracks with boiling oil. In the year 1636, while serving as surgeon in the French army, Paré's supply of oil failed him, and he could not sleep from anxiety; but in the morning he found that those who had not, were doing better than those who had, been cauterized, and the observation then made led to a revolution in surgical practice. He revived the use of the ligature, and applied it to such an extent in closing severed blood-vessels, that he was enabled to perform operations that no surgeon had hitherto the temerity to undertake.

From this time there were shown remarkable improvements and development of systems of wound treatment, but the greatest advance was made soon after 1860 and 1861, when the theoretical basis of the antiseptic system was laid by Pasteur, and which was destined to revolutionize all previous methods. He

\* Read before the Medical Society of the County of Montgomery, June 13, 1888.

established the nearest approach to a scientific demonstration of the germ theory of fermentation, by which is meant the doctrine that fermentative decompositions are not brought about through hidden properties natural to organic matter, but by direct agency of living organisms. Their presence in decaying organic matter had been noticed by earlier microscopists, but they attached no importance to them. No effort appears to have been made to establish a generic relation between the microscopical bodies and diseased processes, until the publication of Pasteur's observations. Then "bacteria, which had been the unenvied monopoly of biologists, suddenly acquired deep interest for pathologists." Experimentalists in other countries soon became enthusiastic supporters of the new theories, and the science of bacteriology was formulized. The first application of antiseptic theories in the treatment of wounds was by Lemaire, of France, who published, at about the time Pasteur communicated his thesis to the Academy of Sciences, eighty observations made on the application of an emulsion of soap and coal-tar on human subjects, and defined the objects of its use to be "(1) the prevention of putrefaction by direct action on the germ, and (2) to arrest the production of pus."

In 1866, Prof. Lister, of Scotland, made public his method founded on the principles of germ infection, and it must be accorded to him that he has done a most valuable work in elaborating with great earnestness both the theory and practice of antiseptic surgery.

About this time he met many discouragements and failures in his practice in the hospitals of Glasgow, and having been convinced that the infection of wounds by micro-organisms through the

medium of the atmosphere was tenable, commenced a series of experiments in his operations, followed by a remarkable increase in the recovery-rate, and thus demonstrated a practical method of antiparasitic surgery.

It is not the object of this paper to enter into an elaborate description of the procedures that have been instituted by extremely enthusiastic writers and practitioners, but to express the convictions of the writer, that the best treatment of wounds is by the aseptic and antiseptic methods. The environments of our patients must necessarily modify our treatment. It has been demonstrated that germs abound in the atmosphere in a greater or less degree according to location; that they are most abundant in some general hospitals, in centers of population, and wherever organic matter is subject to putrefactive changes; that they diminish in numbers as we ascend from the sea level; and that they are the least hurtful in salubrious rural surroundings.

As a rule the conservative surgeon is the most successful; he relies on principles dictated by common sense, and he is not wholly a creature of impulse, ever ready to adopt the latest crazes, or fashions, that are often the projects of imagination and not of sound judgment.

Nature provides for many of man's contingencies in and through himself and his surroundings. Of course a rural population enjoys these provisions of nature to a large extent; cleanly habitations, good water and fresh air are invaluable adjuncts of the processes of tissue repair.

Certain somatic conditions, such as inherited weaknesses, alcoholism, hemorrhagic and other diatheses, and some vocations, modify the healing of wounds.



On the other hand, some individuals possess remarkable recuperative power and resistance to the depressing effects of injuries, evidenced by slight or no apparent shock, and by quick recovery from what are often considered serious accidents.

We may suffer from errors of judgment, if we should discourage or decline to practice the principles of treatment that have been promulgated by the advocates of parasitic infection.

We will stand on solid ground if we preach the gospel of asepsis and antiseptis, and never permit ourselves to be misguided by the extreme and untenable theories of enthusiasts.

No one can consistently contend that the most comprehensive methods of modern wound treatment, so extensively used in general hospitals, are always applicable and necessary to achieve success in the treatment of the majority of wounds, the results of accidents or operations. In major operations it should be the surgeon's aim to give his patients the benefit of the most advanced views of treatment; then, in the event of failure, he would not deserve criticism or censure, and he would find some consolation in the thought that he had conscientiously discharged the duties imposed when he assumed the responsibilities.

There are many who give little or no credence to the tenets of the disciples of wound treatment on the aseptic and antiseptic plan. Let us take care, however, that in severing our attachment to certain theories and practices, or in adopting others, we do not lose our hold upon any thing, whether old or new, which is really useful. Time and space will not be given for the purpose of discussing the *pros* and *cons* of the disputed points, with which you all may be familiar.

The pertinent literature is almost in-

terminable. The most recently approved system of treatment is beautifully described and the operative procedures illustrated in the late work, "Aseptic and Antiseptic Surgery," by Dr. Gerster, of New York.

After an experience of more than twelve years, during which minor injuries have been an almost daily occurrence, the writer is positive that all indications were best met by some form of protective dressing. If we make mistakes, we may be able to correct them without difficulty. We may not be so fortunate in the management of major operations when septic influences have been introduced and are rapidly multiplying in wounds, either from some error in the dressing or from inattention to proper antiseptic precautions.

We know that incised wounds of the face and scalp heal generally by the first intention, after hemorrhage has been arrested, the surfaces cleansed, brought into apposition and closed by sutures or adhesive plaster. Sutures, as a rule, should be removed the following day, when the wound will generally be found closed and free from suppuration.

The spraying of wounds with carbolic acid solution (1 to 40) has been abandoned, and irrigation or washing with some antiseptic solution has been substituted. Carbolic acid, corrosive sublimate and iodoform are the most efficient antiseptics in use.

Dr. Weeks, of New York, has experimented with antiseptics to show their power to destroy the vitality of germs. He proved that germs were rendered harmless by different antiseptics in definite periods of time, as follows: Corrosive sublimate, solution of 1 to 1,000, in 45 seconds; 1 to 2,000, in 1½ minutes; 1 to 5,000, in 3 minutes. Carbolic acid,

solution of 1 to 20 in 15 seconds; 1 to 40, in 36 to 40 seconds; 1 to 60, in 4 minutes. Iodoform retarded development of germs after twelve hours exposure.

Corrosive sublimate is, at present, more commonly used, on account of its inodorousness and efficiency and the easy preparations of its solutions by the use of tablets containing  $7\frac{1}{2}$  grains each of the drug and of ammonium chloride. By increasing or diminishing the amount of water added, the strength of the solution is altered at pleasure.

It is possible that in an extended irrigation of wounds the patient may experience some constitutional disturbance from absorption of the drug.

A three per cent. solution of carbolic acid is useful in disinfecting hands, instruments and other appliances. Iodoform has the most convenient form for use in dry applications to wounds.

The surgeon's object should be to prevent or arrest the formation of pus. The term "laudable pus" is not contained in the surgical nomenclature of the present. The presence of pus in a wound is a sure indication of sepsis, and its source should be eradicated by prompt antiseptic measures.

A simple, cheap and effective plan of treatment, used by the writer during a year's surgical experience on our southernmost frontier, was the washing out of gunshot or other wounds with a three per cent. solution of carbolic acid, using a drainage tube, closing the wound by the introduction of sutures, the application of compress and bandage and enveloping the whole in oakum, all kept wet with an antiseptic fluid.

The principles of aseptic and antiseptic treatment of wounds may be formulated as follows:

1. Arrest all hemorrhage by ligature or torsion, thus preventing the accumulation of blood-clot, and consequent uncomfortable or painful tension.

2. Remove all foreign bodies, such as dirt, detached pieces of bone, soft tissues, etc.

3. Purify the wound thoroughly by frequent irrigations with a solution of corrosive sublimate (1 to 3000) or other effective sterilizer.

4. Provide free drainage from the most dependent part, if it be necessary; use safety pins to hold the drainage tube in position.

5. Bring the parts into apposition, and retain them by the introduction of catgut sutures, but avoid tension, especially of the edges of the wound, or in damaged or unhealthy tissues.

6. Apply a large dressing, well impregnated with one or another of the germicides.

7. Bandage firmly and evenly to get elastic compression.

8. Enjoin rest to, and elevation of, the parts to lessen blood-pressure and effusion while the vessels are weak from injury.

9. Change the dressing as little as possible. Visible discharge is an indication of an effective dressing.

10. Promote the resisting and healing power of the tissues by attending to the general health of the patient, and giving a free supply of good food and fresh air.

It is, in a very great measure, owing to the recognition and adoption of these principles, or their modifications, that so much improvement has taken place in the rate of mortality, in the shorter duration of surgical complaints, and in the less fatal results of surgical operations, during the last twenty years.

# AN INSTRUCTIVE STUDY FOR THE ALEXANDRIA QUARANTINE BOARD AND A CAUSE FOR CONGRATULATION ON THE PART OF THE EGYPTIAN SANITARY DEPARTMENT.

[Translation from the Arabic Medical Journal "Al-Shifa."]

As a comfortable but delusive impression seems to be spreading with regard to the sanitary condition of India, and of Calcutta in particular, it may be well to direct attention to the actual state of affairs. It is impossible to speak of the filthy condition of the broad fringe of hamlets by which Calcutta is surrounded without using forms of expression which must seem exaggerated when judged by an ordinary standard. But the fact is, there is no possibility of exaggerating either the horrors of the hamlet-world or the manifold dangers by which, owing to the lethargy of the local government, the city of Calcutta is encircled.

Far from matters being improved, they are growing rapidly worse, and the only effect of the trivial action into which the municipality has been goaded is to create a false feeling of security in certain quarters. That there will be a terrible awakening one of these days is the conviction of every one who has the slightest acquaintance with the subject and who brings to it an unprejudiced mind.

For some years past Calcutta has been fortunate in escaping one of those visitations which strike terror into the public mind, and reassert the devastating power of epidemic disease. But a peep at the hamlets will amply prove the folly of believing that the present immunity is likely to be more than short lived, for nothing has been done in the way of prevention that is worth one moment's consideration.

It has come to our knowledge that during the first week of December, 1887, a gentleman of Calcutta visited one of the hamlets in the suburbs of the city, and his description of its unsanitary condition was considered worthy of a place in the March number of *The Journal of the Health Society for Calcutta and its Suburbs*. We have thought that by publishing a *resumé* of what he reported our eyes might be sufficiently opened to the risk we run by being next-door neighbors, and that we might be on our guard against the importation of transmissible diseases.

He reports: I went to the hamlet called Kur-yah, and it is conveying a very feeble idea of what I saw to say that the condition of the people is simply frightful. Here we have a group of closely built huts crowded with people. The

land on the south side, not twenty yards distant, is used for curing skins. It is needless to say that the stench is sickening and that the air is thoroughly saturated with it. The whole area, including a number of foul places, drains into what seems to be a blind ditch, which is accurately described as a bubbling, scum-covered, seething mass of utter corruption. A few huts separate the ditch from two tanks, one of which is covered with green scum, and is used for bathing and for washing utensils, clothes, etc. This tank is separated from a second, to the east of it, by a "*bund*," or earth-dyke, about five feet thick, not thick enough, however, to prevent percolation. The water in these two adjoining tanks is at the same level, and percolation evidently takes place freely. The water in the second tank is free from vegetable scum; but it is not clear water, and it abounds with low forms of life.

On my visit to this delightful (?) spot I had a companion with me, and the object of my search was to find out the sanitary conditions in the midst of which a recent and fatal case of cholera had had its origin.

The whole of the people of the neighborhood use the second of these tanks for a drinking-water supply. Further, we ascertained that from thirty to forty cases of cholera occur in the vicinity every year.

We had the tank-water microscopically examined, and it was found to be teeming with life. Perhaps its worst feature was that the forms of low organisms which are to be found in fairly pure water were conspicuously absent. Under these circumstances the mystery is not that there is illness about the place, but that any one can live there in ordinary health, even for a few weeks.

Now, I wish to lay stress upon the fact that there is not a word of this statement introduced for sensational effect. The picture is very far from being over-colored.

The hamlet here described is a real every-day aggregation of huts, neither better nor worse than hundreds of others. It is a thoroughly typical hamlet in all its wretched features—an ever-active center for the propagation of the most dangerous forms of disease that threaten



the health of a vast European and native community.

When, I would ask, will the municipality realize that its paramount duty is the removal of such plague spots? When will it begin in earnest to grapple with the evil which exists at our doors and threatens the public health at every moment? The fact I am most anxious to emphasize is that, in spite of all that has been said, and even of the stern remonstrances of the supreme government, the municipality has practically done nothing to even mitigate the unsanitary condition of the city, and to remove the reproach which is attracting to Calcutta the attention of the leading European authorities on sanitary matters.

We say the above is an instructive study for the Quarantine Board at Alexandria, because the narrative is by an eye-witness, and is not simply a telegraphic despatch.

We shall give in our next article an account of a cholera-stricken village in the suburbs of Calcutta in December last, and of how the authorities cloak the truth so that it is not known in its naked form to the outside world.

The Egyptian Sanitary Department may well congratulate itself that there is at least one other country in a worse sanitary condition than Egypt. But this is no reason why it should "rest and be thankful." There is yet much to be done to improve the demographic statistics of Egypt. In Cairo we are having just now a mortality of 80 per 1,000, and it is on the increase; and who knows what it may be in the villages where stinking pestilential ponds serve for the water-supply to man and beast at low Nile? We feel sure that the mortality of the inhabitants during the summer months would diminish one-half at least if the people were furnished with potable water; and we cannot conceive of any thing more feasible and inexpensive than the old system of storing the high Nile waters in *sahareegs* (cisterns) to be used during the period when

the Laboratoire Khediviale will tell us that the Nile water teems with disease germs. This period, we judge from experience, without any microscopic research, lasts from two and a half to three months. In Cairo, no doubt, the water company would, for a consideration, fill the 300 existing cisterns at the proper time; and as to the villages, each village could make its own *sahareegs* and maintain them in good order. In another article we mean to touch again upon this subject. In the meantime, we assert that the Nile from about the middle of May to the middle of August is little better than an open sewer, and its water at that period, however well filtered, is not potable, and its use as such leaves no doubt in our minds as to its influence on the demographic statistics.

In a private communication addressed last month to the director of the Sanitary Department (for which, we have to admit, we got no thanks) we referred to the unhealthy condition of the Nile water at this season, and to the admirable system the Arabs had formerly of storing high Nile water for a drinking-water supply at low Nile.

We are glad to see by the newspapers of the 26th of this month that our suggestion has not been thrown away, for the Sanitary Department has now advised the government to construct a large reservoir for the city of Cairo; but it will have to be more scientifically constructed than the new ones at Sheheen el Kom and Damietta, else we shall have percolation or rupture and a second deluge.

By boiling the Nile water at this season, no doubt a great number of pathogenic germs would be destroyed; but for one who would boil one's drinking water there are thousands who won't. Hence we are driven back to the time-honored *sahareeg* system.

J. A. S. GRANT-BEY, M.D.

July 12, 1888.

## ABSTRACTA.

**LIGHT AND EYESIGHT.**—Convincing arguments, supported by statistics, have been advanced by eminent writers, directing attention to the injurious influences of too much school-work and insufficiently lighted school-rooms upon the acuteness of vision, but, unfortunately, little attention has been bestowed towards remedying an evil which has incapacitated thousands of children for the comfortable

enjoyment of one of the most important of the senses. Properly lighted school-rooms promote a healthy influence upon the faculty of visual application. Good light is indispensably necessary for the comfortable exercise of the power of vision, and any architectural inference with the manner of introduction and distribution of the same is injurious to the eye and prejudicial to health.

It is during the period of school-years that the eyes of children are prone to lose their acuteness, thereby becoming more susceptible to influences tending to a development of refractive disturbances. The golden rule for the guidance of teachers is to refrain from overburdening the eyes with school-work requiring long and close application; but the observance of this rule is of little consequence, if, in the architectural design of school-buildings, the fact that good light is essential to acute vision and favorable to good health is overlooked.

Light is one of the abundant gifts of God to man; its presence is essential to the faculty of seeing; it is an important factor for the preservation of vision; and it is a pity that, by the abuse of its virtues, a single eye should be robbed of its normal acuteness.

The wrong done to children by exacting proficiency in a curriculum of high standard, under the injurious influences of too much school-work and a faulty arrangement of light-supply, can no longer be ascribed to ignorance on the part of the teacher, or a want of the knowledge of construction on the part of the architect; and if, in the future, the much-needed reform of less school-work, aided by a proper and well-regulated supply of light, be inaugurated, it will do much to lessen the large percentage of refractive errors acquired during the period of school-life. The quantity of light introduced into school-rooms should be of sufficient strength to fully stimulate the faculty of vision. If necessary, space and symmetry of school-rooms should be sacrificed to architectural plans best calculated to afford such light as will make the visual act a pleasure and not a burden. Methods adopted for the introduction of light in school-buildings should be perfected to a degree admitting of complete control of the quantity required and the regulation of the same. Special attention should be given to the location and size of windows, the quality of glass, and the mounting of the same in a manner that will not interfere with the transmission of light by the reflection of shadows. Low windows should be condemned, and the windows covered by hangings or shades that will admit of controlling the light, so that the supply may be introduced from above and

not from below. The appliances by which light is admitted and tempered should, in color, be of a neutral tint, so as to protect the eyes from the annoyance of reflecting effect. Light should not be so sparingly admitted as to be insufficient for the purposes required, nor too strong to be trying or dazzling to the eyes.

The source of light-supply in school-buildings should admit of being so governed as not to come from opposite directions. Seats and desks should be so arranged that the quantity of light required should come from above and from the left side. Plate glass of equal density, clear and free from flaws and irregularities, is best calculated for the free transmission of light. The custom of introducing windows of tinted or cathedral glass may add to the appearance of school-buildings, but possesses the disadvantages of diminishing the intensity of light and the equality of its elements. The walls and ceilings of school-rooms should be tinted in colors preventing any glaring effect, and, under all circumstances, the effect of light upon the eye should be soft, free from glare, and of sufficient strength to see with clearness and to admit of study with comfort.—*Herman Bendell, M.D., in Designs for School-Houses, published by Dept. of Public Instruction, State of New York, under provisions of Chap. 675, Laws of 1887.*

**VENTILATION.**—There is no one thing connected with the economics of school-life that is worth so much and costs so little as proper ventilation. Many schools are pronounced inferior (and rightly so), and many teachers oftentimes fail in the proper education of such schools, because the physical conditions upon which all mental development is based are wanting.

Nothing adds more to the enjoyment of life, nothing is more absolutely necessary for mental work than pure air and an abundance of it. A school-room fitted for children to occupy must have two essential provisions. There must be an adequate supply of pure warm air, and the foul air must be removed in order to give place to the pure air. This must be done in such a manner as to prevent all draughts that will endanger the lives of the children. Without stopping to give reasons for certain necessary arrange-

ments, it is proposed to suggest simple plans:

In building an ordinary single-room district school-house, a brick flue should be constructed at least 2 x 3 feet in the clear; this flue should contain within it an 8-inch heavy iron pipe, placed in the center and extending fully two feet above the top of the brick flue; the brick flue should extend down into the basement, and directly under the floor should be connected by means of pipes with two or more registers placed in opposite parts of the room directly in the floor, being careful not to place them under the seats. These registers should be at least 15 x 20 inches, and after the fire is built in the morning should always be open. When the fire has been burning sufficiently long to warm the iron pipe, there will be an upward current of air in the brick flue, which will at once begin to exhaust the vitiated air of the school-room.

To provide fresh air, if an ordinary stove is used, an opening can be made directly under the center of the stove, about 12 x 16 inches, with a pipe fitted to this, running into the basement and connected with the outside; never to be left opening into the cellar. This pipe, or wooden box if preferred, should contain a damper, which may be closed at night, and by means of which the supply of fresh air may be regulated, depending on the wind and temperature. This pipe under the stove should extend to within four inches of the bottom of the stove, and should be fitted with a flange running over the entire bottom of the stove and projecting two inches beyond on both sides, with an edge turned up about three inches, so as to give an upward direction to the air as it becomes heated by the bottom and sides of the stove.

When a furnace is used, a much better supply of heated fresh air can always be furnished, but the fresh-air supply should always be connected with the outside, and never be taken from the cellar or school-room itself, as the air from either of these places would endanger the health of the occupants.

The principles involved in the foregoing are the same to be used in a building of two, four, six or eight rooms, or of any size whatever. They may be briefly enunciated as follows:

\*1. Two hundred cubic feet of air should be allowed for each scholar, provided the air is changed continuously.

2. The foul air should be taken out of the rooms at or near the floor.

3. The ventilating flue should be of sufficient capacity to take out the foul air.

4. The ventilating flues should always be heated to be of any value in exhausting air.

5. The supply of fresh air must be warmed, and the amount of fresh air must be sufficient to compensate for that taken out by the foul-air shaft.

*Suggestions.*—1. When furnaces or indirect steam is used in the construction of new buildings, the warm fresh air in the school-rooms should be admitted above the children's heads. In the cloak-room or hall-way there should be one or two registers placed in the floor for the purpose of drying or warming feet and clothes, but unless absolutely necessary these should never be placed in the floor of the school-room, as there is nothing more disagreeable than the odor of drying boots and clothes in a room used for daily school work.

2. If school trustees, parents and teachers really understood how much more mental work can be done in a school-room properly supplied with fresh warm air than in a room where the air has become vitiated and unfit to breathe, a month would not elapse before some adequate provision would be made in this direction.

3. It is estimated by competent authorities who have gathered the statistics that vitiated air in the houses of our citizens causes forty per cent. of the deaths annually occurring.

4. Every school-room should be provided with a series of lime-water bottles, showing the per cent. of vitiated air and determining whether it is dangerous. A series of such bottles is inexpensive, and at the request of the Association of New York State School Commissioners have been prepared and may be obtained by applying to C. W. Bardeen, of Syracuse.

I hope that these suggestions may prove of value to the teachers and school trustees of our state, and trust that they may be the means of urging upon those in authority the necessity of furnishing our

\* According to the recommendation of the State Board of Health of New York.



children with that which they need in order to do good work, and which may be had freely at slight expense.—*E. H. Cook, Designs for School Houses.*

**SCHOOL HYGIENE.**—The report of the New York State Board of Health on the sanitary condition of the schools of the interior, exposes at large and in detail the usual glaring defects of country school-houses, and makes important recommendations; especially as to foundations and walls; ample light on the left side and back of every pupil; 250 cubic feet air space, and 30 feet fresh air per minute, per capita; temperature maintained at 68 to 70 degrees; and closets for each sex, apart, with separate covered ways of access from the school-house, privy vaults abolished and dry-earth closets substituted and emptied once a week. The usual error of allowing ashes in the closets as an alternative to dry soil is maintained, we had almost said, as a matter of course. It cannot be too often repeated that sand and ashes are merely palliative, and totally inert for defecation (with the slight exception, in wood ashes, of some mineral salts), and that the carbon, and above all the bacteria, of rich soil are the sovereign factors in any true system of defecation.—*Annals of Hygiene.*

**SCHOOL DESKS**—Double desks cause the spread of vermin and disease, and the contamination of the pure by close relationship with immoral seatmates; the amount of genuine study is lessened, and the need of discipline is increased by children sitting together at the same desk. The best schools have generally adopted single desks, and no more double desks ought to be purchased.

In the matter of adaptation to the needs of the school-room, comfort and appearance, the best school furniture now leaves little to be desired, and the best will, in the end, be found the cheapest.

Great care should be exercised to adapt the height of seats to the size of the children who are to occupy them.—*H. R. Sandford, Designs for School Houses Accepted by the Department of Public Instruction of the State of New York.*

**CHILDREN AT SCHOOL.**—The medical committee which recently made an examination of the health of the school chil-

dren in Providence hold that pupils are taken too young; that the vitiated air of the school-rooms causes consumption; that epidemic diseases are caught there; that the premature development of the brain causes nervous diseases; that the young minds are crammed with unintelligible studies; and that the method is too artificial. The committee hold that children should not be admitted to school under the age of seven, and that the hours of confinement and mental effort should be shortened; also children in primary schools should not be confined in their seats more than twenty minutes at a time, at the end of which they should enjoy an equal period of recreation out of doors or indoors.

**HEART DISEASES AND FEEDING**—*Open Letter to Professor W. T. Gairdner, Glasgow, from Ephraim Cutter, M.D., New York.*—In May, 1862, you met me in your hospital wards at Edinburgh trying to impress the value of veratrum viride as an arterial sedative in acute inflammations and in some heart diseases.

Probably you have forgotten me, but I have not forgotten you. As you read on perhaps you may recall me.

What I advocated was—

1. That veratrum viride lessens the force and frequency of the arterial pulse.
2. It lowers the temperature.
3. Arrests the violence of inflammatory processes.
4. Stops the abnormal action.
5. Saves nerve force.
6. Calms the fever and neurosis.
7. Promotes secretion, and was useful in pneumonitis and
8. Cardiac disease.

To this you said you would like to know what inflammation was. I replied after the text-book style, and then you began a cross-examination that would have done credit to a Philadelphia lawyer. It is needless to repeat the various lights you threw on the subject, only to mention that you expressed your belief and practice as to pneumonitis as follows:

That this fever and others were merely the result of nature's efforts to get rid of a morbid element; that it was the physician's business to aid nature in the removal of this intruded disease; that rather than to give any thing to do as the veratrum

viride did by sedation, you would give food, stimulants, diuretics, diaphoretics and secernents to relieve the fever by taking away its causes; that in cardiac diseases you would give nothing to depress the heart's action, but you would rather give food and medicine to tone it up and make it beat stronger and be more able to carry its load, on the ground that an overworked organ needs strengthening and supporting and sustaining, rather than weakening and sedation; and much more in this strain.

You were kind enough to say this to one who, young and enthusiastic, thought he was championing the truth. Of course I defended my position to the best of my ability, and would not yield, but was set thinking. The result of my European tour proved the truth of the claims of *veratrum viride* as to arterial sedation. I feel it is my duty to say now that you were right in your ideas *as to aiding nature in disease by sustaining foods and medicine, and by removing causes.*

This change of opinion is based on twenty-four years of medical experience and practice, and the study of the causes of disease under Dr. Salisbury.

It is foreign to my purpose to go into the matter of pneumonitis, but rather to lay stress on *heart diseases* and put special emphasis on the important fact *that functional and organic lesions of the heart are amenable to the means you suggested, to wit, food and medicine.*

The medicine is for "oiling the machine," as a great physician puts it. The food, by furnishing a good supply of blood, restores the normal nutrition so that the proper balance between laying down and taking up the tissues is restored, and nature returns the heart to normality, effecting the cure through her own agencies.

Or, to put it differently, the *vis medicatrix nature* cures the patient by being furnished with the proper means and appliances to do it with.

Principles of treatment of organic heart disease which you formulated, and which Dr. Salisbury and I have found the best from experience, are:

To strengthen the heart by—

1. Nutrition.
2. Removing complications.

### 3. Medicine.

Reasons therefor:

1. Nutrition. By changing bad for good nutrition, by having food in quality and quantity, to supply force and warmth; to lay down healthy tissues instead of unhealthy; to stop the paralyzing influence of stomachic gases; to have less force needed of the heart by removing the friction of the circulation; to tone the muscular fibre and nerve centres; to absorb abnormal growths, polypoid concretions, etc., etc., and to rest the organ between its beats (the *veratrum viride* idea) by allaying the irritability and strengthening the heart.

2. Removing complications—such as rheumatism, derangement of the liver and kidneys, torpidity of the bowels, and diseased conditions that result from occupation and bad feeding. The blood should be improved by removing the massive fibrin filaments, crystalline bodies, adhesiveness of the red corpuscles and the tendency to make massive clots of its form-elements. The heart recuperates, having less work to do, as the blood stream runs freely, when freed from the above, through the capillaries, whose length I have estimated to be, if possible to join in one line outside the body, more than the distance between us.

3. Medicines. Strong nervine and stomachic tonics to tone up the glands to their work and digitalis to specially tone the heart muscles. Perhaps food here should be classed as medicine. If so, hot water and beef would be included.

If one should tell you that under the carrying out of your indications he had seen an enlarged heart reduced to normal size; a weak, feeble, fatty heart made to beat strongly; to pronounce its sounds clearly and distinctly; to have the abnormal murmurs cease; cold extremities to become warm—you would say that this is a big gain in medicine, and yet I can testify to these things. Repeated experiences of my own make me say that in my opinion there should be no dread in approaching cardiac disease from this standpoint, and good results should be looked for when the treatment is carried out faithfully, the same as in typhoid fever, for example.

I think the time has ceased when dis-

eased organs and tissues must be put out of the aim of cure. [Nine cases are given in illustration.]

REPLY.—225 St. Vincent St., Glasgow, July 27, 1886. Dr. Ephraim Cutter, New York: Dear Sir—I remember the interview with you in Edinburgh very well, although I did not attach more importance at the time to such opinions as I expressed to you, than that they were the genuine, though hasty, first impressions brought to the surface by your claims on behalf of *veratrum viride*.

The whole course of my mental discipline made it difficult for me to understand that paralyzing and weakening the heart's action could be a legitimate therapeutic indication or profitable use of a remedy. In the main I think so still. The old pathology of John Hunter, Parry, of Bath, and probably your American Dr. Rush, was founded on "increased action" of vessels, which had to be pulled down by blood-letting, etc., etc. We now know that this "increased vascular action" is not a fact, or at least is not *the* fact, in the diseases in which it appears to be associated, and that what we have to do is to *sustain* and not to *depress* vital functions.

I have laid claim to no great merit or originality in teaching this, and I fear that I am not easily converted to *systems* of treatment which profess to be new or original. Whether Dr. Salisbury will so convert me remains to be seen. I can agree with many of the remarks in your letter, but as at present advised I cannot adopt your views unreservedly, nor have I time at present to argue on the subject.

I am, dear sir, yours very truly, W. T. Gairdner.—*Extract from "Food in Motherhood," by E. Cutter.*

OBSERVATION OF THE PUPIL IN THE ADMINISTRATION OF CHLOROFORM.—Dr. Neilson (*Jour. of Anat. and Physiol.*, January, 1888) states, as the result of a large number of experiments and of clinical observations, that (1) the effect produced by chloroform on the pupil is at first dilatation, varying in degree and duration, then contraction, as the narcosis becomes profound, and dilatation again when the sensibility is returning. If the administration be still continued with the pupil strongly contracted and motionless, the pupil will dilate suddenly and com-

pletely. This dilatation of the pupil will be coincident with a state from which it will be difficult or impossible to resuscitate the patient, and is the dilatation of asphyxia. (2) So long as the pupil dilates in response to excitation by pinching, etc., the patient is not sufficiently narcotized for the operation to be proceeded with, unless the latter is slight and does not require complete anæsthesia. (3) When the pupil becomes strongly contracted and immobile, no more chloroform should be given until it begins to dilate again. If then further anæsthesia be required, a little more chloroform should be given till the pupil again contracts. (4) The occurrence of emesis causes dilatation similar to but more sudden than that which happens when sensibility is returning, and the efforts of vomiting have the effect of arousing the patient.—*N. Y. Med. Jour.*

CASCARA SAGRADA IN RHEUMATISM.—Goodwin (*New York Med. Jour.*, 1888, xlvii. 629) calls attention to what he claims is the almost specific action of this substance in certain forms of rheumatism. His first experience was in his own person when suffering from acute rheumatism, when he found that ten drops of the fluid extract taken three times a day as a laxative removed the rheumatic pains completely in a short time. Since this event he has used the drug in about thirty cases and has obtained the most satisfactory results, except in a few instances in which there was a syphilitic taint. The initial dose employed was fifteen minims thrice daily, and it was rarely necessary to increase this amount. The beneficial effects usually occurred within twenty-four hours. In a few cases it has opened the bowels too freely. The author suggests that if this happens a preparation of iron should be administered separately at the same time.—*Am. Jour. Med. Sciences.*

TREATMENT OF WOUNDS BY CONTINUED IRRIGATION.—The *British Medical Journal* gives the following description of an apparatus now in use in the London Hospital: A large tank is supplied by hot and cold water-pipes; a window in its side shows the level of the water, and exposes a thermometer, by which the temperature of the water is adjusted. From the tanks irrigating pipes pass to different beds, and the water is drained off by a pipe



leading to the basement. Irrigating tubes are passed through the wound to be treated, and the passage of the water through the tubes is kept up as long as may be necessary. A case is mentioned in which a stream of water has been running over a crushed elbow, day and night without intermission, for nearly three months. Mr. Treves reports a case in which a stream of water ran through a patient's knee-joint, without a moment's cessation, for a period of thirty days. Cold water was employed, to which was added a minute quantity of corrosive sublimate, carbolic acid or boracic acid. This plan relieved pain, reduced temperature and swelling, and promoted cure.

**THE GOAT VERSUS THE COW.**—The *British Medical Journal* advocates a wider use of goat's milk, arguing that the cow's milk in cities is never free from the suspicion of infection or adulteration. The goat, on the other hand, does not have, or very rarely has, tuberculosis, is easily kept clean, and is a vigorous and healthy animal, thriving under almost any condition; and, lastly, the goat's milk itself, as is well known, is more easily digested by infants than cow's milk.

Taking every thing into consideration, goat's milk might be provided at less cost than cow's milk. The chief advantage of the former lies in its ready assimilation by the digestive organs of the infant, owing to its relatively small proportion of casein, less than that of human, and much less than that of cow's milk.—*Annals of Hygiene*.

**THE TREATMENT OF ULCERS.**—Dr. Grossich (*London Medical Record*, Dec. 15, 1887) treats ulcers by a ten per cent. solution of pure phosphoric acid in distilled water. The ulcer is covered with lint dipped in this solution, renewed three or four times a day. The patient at first feels a slight burning sensation, but this soon passes, and within thirty-six hours the ulcer looks better. Inflammation or eczema of the surrounding parts disappears, and all pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy.

Kollischer treated tubercular affections of the joints with injections of the phosphate of lime. Dr. Gossich has also had good results with this treatment.

Phosphoric acid was employed in a tuberculous abscess of eight months' duration, and also in a case of eczema marginatum which had lasted more than a year, with good results.

Horsford's Acid Phosphate is suggested as a substitute for the phosphoric acid, having an acidity about the same as the ten per cent. solution of phosphoric acid which is prescribed in the above treatment, and it has the advantage of containing the phosphates in solution, notably the phosphate of lime.

**A GOOD MOVE RELATING TO POULTRY SELLING.**—The state legislature of Massachusetts has enacted the following: 1. No poultry, except it be alive, shall be sold or exposed for sale until it has been properly dressed by the removal of the crop and entrails, when containing food. 2. Whoever knowingly sells or exposes for sale poultry contrary to the provisions of section 1 of this act shall be punished by a fine of not less than five nor more than fifty dollars for each offense. The boards of health in the several cities and towns shall cause the provisions of this act to be enforced in their respective cities.

It would have been better surely to have omitted the words "when containing food" in the first section. The entrails always contain either food or the excrete refuse of it, containing numberless microbes ready to set up putrefactive or diseased processes.—*Prophylactic*.

**SACCHARIN IN CYSTITIS.**—With the view of preventing ammoniacal changes in the urine in chronic cystitis, Dr. James Little (*Dublin Journal Medical Science*), in several recent cases, has used saccharin. In all these cases, when the urine was passed, or the residual portion drawn off, it was free from ammoniacal odor.

**DOES THE SHOE FIT ANY OF OUR SUBSCRIBERS?**—A revivalist requested all in the congregation who paid their debts to rise. The rising was general. After they had taken their seats, a call was made for those who did not pay their debts, and one solitary individual arose, and explained that he was an editor and could not pay because all the rest of the congregation were owing him their subscription to his paper.—*Annals of Hygiene*.

THE COMPARATIVE THERAPEUTICS OF ANTIPYRIN AND ANTIFEBRIN.—By Robert Park, M.D., Physician to the Glasgow Samaritan Hospital. The generalization which I ventured at the conclusion of the report of a case published in *The Lancet* for May 12th of this year, to the effect that antipyrin would be best adapted for the treatment of sthenic cases and antifebrin for asthenic, has been criticised by Dr. Hamilton, of Hawick, in your issue of June 2d, his experience having led him to form an opposite opinion. It is not surprising that opinions and conclusions drawn from the never exactly comparable data of clinical observation should be widely divergent, when in the more exact realms of morbid and experimental pathology we read and hear of exactly opposite conclusions being arrived at by equally competent observers from a consideration of exactly similar data. Thus, as cognate to our subject, I find, on referring to a paper in the *International Journal of the Medical Sciences* for April 1886, p. 397, which I studied very carefully at the time of publication, Beyer writes that Cappola found that "toxic doses of antipyrin did not diminish blood pressure, the heart continued to beat with great energy, and was finally arrested in systole." Filehne found the heart, on the contrary, after death, "arrested in diastole." Ardinn also states that "it kills by heart paralysis." Beyer's own conclusions, from experiments which appear to have been carefully planned and crucial, are that "antipyrin, though largely dilating the veins, increases the power of contraction of both auricles and ventricles, and has no injurious influence upon the blood nor the muscular tissues, and therefore possesses, indeed, all the good qualities of a perfect antipyretic."

Now, my clinical experience leads me entirely to endorse Beyer's views as to the physiological action of antipyrin; but, in practice, it is often found that the therapeutics of a drug is varied by a great number of conditions with which the physiologist has to contend. I need not enumerate these, as they occur to the mind of every practitioner. Suffice it to recall here the fact that there are certain cases, and notably those of tuberculosis, where antipyrin fails to bring down the temperature, and where antifebrin is likewise powerless in this respect, though it

may possibly prevent hyperpyrexia. The explanation is not to be found in dosage or mode of administration, but either in the patient or the disease, or the one modified by the other. Idiosyncrasy, no doubt, counts for something—that is, some of the recorded phenomena following slight doses of antipyrin can only be explained, on account of their anomalous character, by reference to some anomalous individual characteristic.

Albeit, I think we possess some clinical data whereon we can rest secure in saying at least that the question of whether the patient is sthenic or asthenic has a most important influence. To begin with, I may be permitted to refer to the case reported as showing the fact that antipyrin can be given continuously in full doses frequently in a sthenic case without harm, but with benefit. On the other hand, in the *Practitioner*, No. 238, Mr. Bokenham, of St. Bartholomew's Hospital, states that "in the headaches *due to debility* he had to confess that the results were not entirely satisfactory." One of the patients, after the first dose of three grains, said 'she felt as if the top of her head were being lifted off,' and would not take any more." He also relates another case of a medical man who took three grains for a headache and was seized with a feeling of "weakness and giddiness." Mr. Bokenham attributes this to idiosyncrasy. Supposing him to have been a strong and robust man, would the effect not have been much more serious if he had been an asthenic? To a lady weakened with a long-continued illness I administered a single dose of ten grains on going to bed. She exclaimed shortly thereafter, as I am informed, "Oh my! What a queer feeling! I feel cold all over! I feel as if I was freezing inside!" Hot bottles had to be procured and an additional supply of warm blankets, in order to bring about a reaction. That this effect of impending collapse was not due to idiosyncrasy in her case is proved by the fact that she has since had the same dose administered, but after she has been in bed and comfortably warm there. The drug was administered as an anodyne, no pyrexia being present. Then Friedländer's observations go to prove that "antipyrin acts better on well-kept children than on those who are poorly taken



care of." According to Cappola it produces a fall of temperature "normal or pathological." It will be admitted, I think, that a remedy capable of lowering normal temperature must be used with great care in asthenic patients.

Turning now to antifebrin, Dr. Hamilton's experience that it is not adapted for asthenic cases is noteworthy, especially in view of the manner he prescribes it—viz., in small doses often repeated at short intervals. I do not think it is beneficial to administer it so for zymotic pyrexia at all, and even in cases of inflammatory pyrexia I think it should be given *ad hoc* in large doses at long intervals. I have had very disappointing results—unequal effects—from it given both ways; but I have no doubt now that the large dose and long interval method is the right one. The only case of relapse of scarlet fever I have ever seen occurred lately in a sthenic case which had been treated by antifebrin; and in another sthenic case of *S. anginosa*, and an asthenic acute tuberculosis, the troubles were entirely unmodified unless it were by preventing hyperpyrexia. In asthenic enteric, in twelve-grain doses it had seemed to induce earlier apyrexia, however, and to have answered well in various asthenic phlegmasiæ. As to the question of dose, I find Fürbringer has given thirty, forty-five, sixty, and in one case 120 grains without any toxic action of consequence. Then in the same journal for January, 1887, the observations of Drs. Colin and Hepp at the clinic of Professor Kussmaul, of Strassburg, are epitomised. They found "it can be used in relatively large doses without causing toxic effects; the size of the dose was determined by the character, severity, and stage of the fever, and also the idiosyncracies of the patient. The impressions made by it on the pyrexia is better effected by *larger doses at longer intervals*."

Finally, as to the dose and mode of administration of antipyrin, whilst the latter must be largely left to the discretion of practitioners, there is evidence to show that the large dose and long interval method is here also the better, whether it be given hypodermically or otherwise. In *The Lancet*, I think, sometime last year, Dr. Germain Sée wrote advising hypodermic injections of eight grains.

This allows for a dose of from thirty-five grains given by the mouth. Blanchard has given from sixty to ninety grains in acute rheumatism, from fifteen to thirty grains in acute exacerbation of chronic bronchitis, ephemeral fever, influenza, etc., single doses being frequently adequate. Ungar gives from fifteen to twenty grains for hemicrania. Friedlander says, "Nine grains are sufficient for a child two years of age, and the effect will last about twenty hours." Lauder Brunton gives the dose at "thirty grains hourly for three hours and one grain and a half for every year of a child's age may be given hourly for three hours."

In conclusion, I would say that, whether the generalization I ventured to make proves ultimately to be correct or not in practice, practitioners will find it of service to keep the question in view when prescribing these drugs.—*The Lancet*.

**SEBACEOUS TUMORS.**—Robertson (*Brit. Med. Jour.*, June 2, 1888) recommends that the following treatment be followed when patients object to the usual mode of treatment. He claims marked success for the method. "With a cataract knife (Graefe's) puncture the cyst and gently squeeze out the contents; then introduce a very small piece of nitrate of silver. On the following day, by means of a pair of forceps, the capsule of the cyst can be withdrawn, just like the shell of a bean, without any portion being left adherent. In no case has there ever been any return of the growth or any ill effect following the operation."—*N. Y. Med. Jour.*

**ALLOTROPIC MODIFICATIONS.**—Compare yellow phosphorus, a body readily inflammable, soluble in bisulphide of carbon, firing by contact with iodine, with red phosphorus, a body at variance with the yellow variety in the three respects named. Yellow phosphorus is an active poison, two grains being a certainly toxic dose, whilst red phosphorus is an absolutely inert body.—*Chemical News, London*.

**TIGER LILY IN PROLAPSUS UTERI.**—Five drops of tincture of tiger lily, given three times a day, benefited in three weeks, and eventually cured, a case of prolapsus uteri, with engorgement and bearing down, of five years' standing.—*W. S. Cline, M.D., in Medical World*.



# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE

*ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.*

Editorial Committee:

LORENZO HALE, M.D.,

A. VANDER VEER, M.D.,

F. C. CURTIS, M.D.

VOL. IX.—No. 9.

SEPTEMBER, 1888.

\$1.00 A YEAR.

## THE CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

The Congress of American Physicians and Surgeons will hold its first session in Washington, September 18, 19 and 20. It is the outgrowth of a suggestion made by Dr. C. H. Mastin, of Mobile, Ala., at the meeting of the American Surgical Association nearly three years since. The plan of organization intended bringing together the special medical societies in this country, and the following societies accepted the invitation: American Surgical Association, Association of American Physicians, American Climatological Association, American Laryngological Association, American Dermatological Association, American Association of Genito-Urinary Surgeons, American Neurological Association, American Orthopedic Association, American Otological Society, American Physiological Society, and American Ophthalmological Society.

In October, 1887, a committee of conference, composed of delegates from each of these societies, assembled in Washington and agreed upon the plan of association. The American Gynecological did not vote in favor of the project, and the American Association of Obstetricians and Gynecologists, as well as the Association of Pediatrics, have since been organized. The latter three societies will meet

in Washington at the same time and undoubtedly become a part of the Congress.

The meeting promises to be a great success. There will be many foreigners in attendance, and the programmes of the different societies indicate a bountiful supply of excellent papers. The office of registration will be in Willard's Hotel, Pennsylvania avenue. Letters intended for those in attendance should be addressed to the Congress of American Physicians and Surgeons there. There are a number of members residing in this city of the different special societies who probably will be in attendance during the session.

The following is the programme of

## THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

FIRST DAY, TUESDAY, SEPTEMBER 18.

MORNING SESSION AT 10 O'CLOCK.

### PAPERS.

1. The Relations of the Abdominal Surgeon to the Obstetrician and Gynecologist.  
Dr. Albert Vander Veer, Albany.
2. Methods of Success in Abdominal Surgery.  
Mr. Lawson Tait, Birmingham, Eng.
3. Drainage in Abdominal and Pelvic Surgery.  
Dr. Joseph Price, Philadelphia.
4. Double Ovariectomy during Pregnancy. A successful case going on to full term.  
Dr. William Warren Potter, Buffalo.
5. Vaginal Tamponnement in the Treatment of Prolapsed Ovaries.

Dr. W. P. Manton, Detroit,

Adjournment at 1 P. M.

## AFTERNOON SESSION AT 3 O'CLOCK.

1. A Contribution to the Study of Pelvic Abscess.  
Dr. Clinton Cushing, San Francisco.
  2. Treatment of Suppurative Peritonitis.  
Dr. William H. Myers, Fort Wayne.
  3. Laparotomy in Peritonitis.  
Dr. E. E. Montgomery, Philadelphia.
  4. The Female Perineum; its Anatomy, Physiological Function and Methods of Restoration after Injury. Illustrated with Oxy-Hydrogen Light and Screen.  
Dr. Henry O. Marcy, Boston.
  5. The Surgical Treatment of the Perineum.  
Dr. William H. Wathen, Louisville.
  6. Ruptured Perineum.  
Dr. J. Henry Carstens, Detroit.
- Adjournment at 5 P. M.

## SECOND DAY, WEDNESDAY, SEPTEMBER 19.

Business Session at 9 o'clock, for active Fellows only.

## MORNING SESSION AT 10 O'CLOCK.

## PAPERS.

1. Some Points in Relation to the Diagnosis of Pregnancy in the Early Months.  
Dr. James P. Boyd, Albany.
  2. A Contribution to the Study of the Neuroses of Pregnancy, with Report of a Case of Aphasia Graviditatis.  
Dr. G. A. Moses, St. Louis.
  3. Treatment of Puerperal Convulsions.  
Dr. Melancthon Storrs, Hartford.
  4. Heart Failure in the Puerperium.  
Dr. Thomas Lothrop, Buffalo.
  5. The President's Address.  
Dr. Wm. H. Taylor, Cincinnati.
- Adjournment at 1 P. M.

## AFTERNOON SESSION AT 3 O'CLOCK.

1. Induced Labor.  
Dr. Byron Stanton, Cincinnati.
  2. The Indications for Artificial Aid in Labor.  
Dr. Thomas Opie, Baltimore.
  3. The Use and Abuse of Ergot in Obstetrical and Gynecological Practice.  
Dr. J. M. Dunham, Columbus.
  4. Operative Treatment in Uterine Carcinoma.  
Dr. Geo. R. Shepherd, Hartford.
  5. The Technique of Vaginal Hysterectomy.  
Dr. James H. Etheridge, Chicago.
- Adjournment at 5 P. M.

## THIRD DAY, THURSDAY, SEPTEMBER 20.

## MORNING SESSION AT 10 O'CLOCK.

## PAPERS.

1. Uterine Fibroids; their Diagnosis and Treatment.  
Dr. Thomas J. Maxwell, Keokuk.
2. Operation for an Unusual Case of Subserous Uterine Fibroid.  
Dr. Hampton Eugene Hill, Saco.

3. Apostoli's Method in the Treatment of Fibroid Tumors.  
Dr. Franklin H. Martin, Chicago.

4. Tumors of the Abdominal Wall.  
Dr. Charles A. L. Reed, Cincinnati.
  5. Desmoid (Fibroid) Tumors of the Abdominal Wall.  
Dr. Edward J. Ill, Newark.
  6. The Reflexes Reflected, or, Some Things that Retard Progress in Gynecic Surgery.  
Dr. Joseph Eastman, Indianapolis.
- Adjournment at 1 P. M.

## AFTERNOON SESSION AT 3 O'CLOCK.

## DISCUSSION.

## Extra-Uterine Pregnancy.

1. Pathology.  
Dr. Franklin Townsend, Albany.
2. Diagnosis.  
Dr. Joseph Price, Philadelphia.
3. Treatment.  
(a) Medical and Electrical.  
(b) Surgical.  
Mr. Lawson Tait, Dr. Chas. A. L. Reed, Dr. A. Vander Veer, Dr. E. E. Montgomery, Dr. Jos. Eastman.

## BY INVITATION.

1. A New Operation for the Repair of Lacerated Perineum.  
Dr. Bernard Burns, Allegheny City.
  2. A Paper by  
Dr. A. Cordes, Geneva, Switzerland.
  3. Some Minute, but Important, Details in the Use of the Continuous Current in Gynecology.  
Dr. A. Lapthorn Smith, Montreal.
  4. Some Common Diseases of the Skin, Associated with Sexual Disorders in the Female.  
Dr. George H. Rohé, Baltimore.
- Final Adjournment at 5 P. M.

## LAWS OF INTEREST TO THE MEDICAL PROFESSION.

Chapter 309 further regulates the registration of vital statistics, being an amendment of the existing law affecting boards of health. It especially provides that in case no physician was in attendance upon a deceased person, and the facts do not justify a coroner's inquest, that a burial permit may be granted upon the affidavit of persons known to the officer granting the permit to be entitled to credit, stating the circumstances, time and cause of death.

Chapter 146 also amends the existing health law (of 1885), granting boards of health power to issue subpoenas and compel the attendance of witnesses residing within the jurisdiction of the board.

Chapter 52 authorizes the State Board of Health to make rules regulating the protection of public water supplies.

Chapter 53 makes it the duty of boards of health to destroy animals affected with glanders, under rules prescribed by the State Board of Health.

Chapter 286 amends the laws of 1878, authorizing the governor to quarantine and destroy animals affected with contagious or infectious diseases, and prescribes methods.

By chapter 530 St. Mary's Hospital, Brooklyn, is authorized to establish a medical college, to be known as the College of Physicians and Surgeons of St. Mary's Hospital in the City of Brooklyn.]

Chapter 341 directs the quarantine commissioners of the port of New York to erect a crematory for incinerating bodies of those dying of infectious diseases, unless the persons so dying or their friends otherwise desire, and also designates a place for burial other than that now used. Another act, chapter 77, defines the rates for the inspection of vessels entering the port, and fixes the salary of the health officer at \$10,000, and also the salaries of others connected with the quarantine establishment.

Chapter 431 amends an act for regulating the practice of veterinary medicine by

disqualifying all but graduates of veterinary colleges from registering.

By chapter 391 provision is made for incorporating societies for educating and training nurses.

Chapter 422 makes various specific regulations regarding the construction and management of tenement houses in New York city.

Chapter 489 is the act passed in pursuance of the report of the committee by which capital punishment by means of electricity is established, and which goes into effect next January. The sentence is to be carried out at a state prison, to which the condemned is to be sent within ten days of his sentence, and the execution is to be carried out at any time in the course of a week, which shall be from four to eight weeks after the sentence.

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FROM a letter recently received from Dr. Grant we are informed that *Al Shifa* is not suppressed, but is allowed to continue, with the warning that it must be exceedingly cautious what it publishes in the future. The following, taken from the *Egyptian Gazette* of July 9, will give our readers some idea of the official supervision that is observed in Egypt: "Government officials have also been reminded that they will render themselves liable to summary dismissal if they give any information to the newspapers published in in Egypt or abroad, and they are also forbidden to express their personal opinions in the press or to act as correspondent or agents for any organ of publicity."

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## BOOK NOTICES.

PLUMBING AND HOUSE DRAINAGE PROBLEMS. The Engineering and Building Record and Sanitary Engineer, New York, publisher. 8vo, 244 pp., cloth, 142 illustrations, \$2.00.

This subject is getting more attention than heretofore from medical men and

others interested. In this volume treating on it, many problems are discussed from a practical standpoint. It has been prepared under the supervision of the editor of the *Sanitary Engineer*, from the pages of which it has been compiled. It should find a wide circulation.



**CLINICAL MORPHOLOGIES.** Partial Syllabic Lists. Blood, Sputum, Fæces, Skin, Urine, Vomitus, Foods, Waters, Ice, Air and the Clothing (after Salisbury). By Ephraim Cutter, M.D., A.M., LL.D., F.S.Sc. 81 pages, 8vo, \$1.00. The Ariston, Broadway and 55th street, New York.

This finely printed volume gives the newest matter in the new field of morphology, and will be in demand by all medical students.

**THE NATIONAL FORMULARY OF UNOFFICIAL PREPARATIONS.** First Issue. Published by the American Pharmaceutical Association. 176 pages, octavo. Address the Permanent Secretary of the American Pharmaceutical Association, 143 North Tenth street, Philadelphia.

A large number of preparations, not recognized by the Pharmacopœia, are frequently ordered by physicians. The varying formulæ, for preparations of the same name, result not only in perplexity to the druggist, but in products of varying strength.

This book is the outcome of skillful work in the analysis and comparison, the rejection and selection, of formulæ, done by the "Committee on National Formulary of the American Pharmaceutical Association," of which Charles Rice, of New York, is chairman, and P. W. Bedford, of New York, is secretary, with a corps of members from every state in the Union and from the Canadas.

Every one who dabbles in drugs and chemicals will find satisfaction in this book.

**ABDOMINAL SURGERY.** By Hal. C. Wyman, M.S., M.D., Professor of Surgery, Michigan College of Medicine and Surgery, etc. 87 pages. Published by George S. Davis, Detroit, Mich. The Physicians' Leisure Library Series; issued monthly, \$2.50 a year, or 25 cents each, in paper; 50 cents, cloth.

This will fascinate even those who never attempt to use a knife, and every

medical student will find profit and delight in its practical lessons.

Every one interested, *pro or con*, in the subject of vivisection may learn from this book that "dogs have rendered inestimable aid in evolving the numerous great surgical discoveries which have added so much to the years and comfort of mankind."

**TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, 1888.** 691 pages, octavo; and, in addition, an "Appendix of the Laws of the State of New York, of Interest to the Medical Profession, Enacted by the Legislature of 1888"; and an index of authors and topics.

One of the most valuable of the many good publications of this society. The volume contains a series on Bright's Disease; a series on Abdominal Section, including three papers by Albert Vander Veer, of Albany, and the remarkable cases of R. B. Bontecou, of Troy; a number of surgical papers, including the Induction Balance and Telephonic Probe, with illustrations, by John Harvey Girdner, of New York; a series on gynecology and allied branches, including Pelvic Inflammations and Management of their Residues, by W. W. Potter, of Buffalo, and Chian Turpentine Treatment of Cancer, by Daniel Lewis, of New York; papers in the nose and throat specialty, including Intubation, by Joseph O'Dwyer, of New York, and William Hailes, Jr., of Albany, and Galvano-Cautery in Enlarged Tonsils, by F. H. Potter, of Buffalo; papers on the nervous system, eye and ear, dermatology, hygiene, general medicine, etc., by some of the eminent men of the state.

#### EXCHANGES, PAMPHLETS, ETC.

*The Cosmopolitan*, August, 1888. Three full-page colored engravings and many other beautiful illustrations. Monthly, \$2.00 a year, 20 cents a number. Cosmopolitan Magazine Co., New York.

*The Chemical News and Journal of Physical Science*, with which is incorporated the *Chemical Gazette*, London, Eng. Edited by William Crookes, F.R.S. Weekly, 4d. a number.

*Congress*. A monthly journal devoted to Arts of Civilization. 1329 F street, N. W., Washington, D. C. Quarto, 20 pages, \$1.00 a year.

*The Toronto World*, August 1. Interviews with Toronto Physicians on "Drinking and its Cure," and the use of the so-called Russian remedy—strychnine hypodermically in doses of one-fortieth of a grain.

*The Chautauqua Assembly Herald*, Chautauqua, N. Y., August, 1888.

"Footprints of a Profession, or Ethics in Materials and Methods." Address before the Maine Dental Society, Waterville, July, 1887. By Horatio C. Meriam, D.M.D. Second edition, revised and enlarged. Dental Journal and Library Association, publishers, St. Louis.

"Rectal Insufflation of Hydrogen Gas an Infallible Test in the Diagnosis of Visceral Injury of the Gastro-Intestinal Canal, in Penetrating Wounds of the Abdomen." N. Senn, M.D., Ph.D., Milwaukee. Read at American Medical Association, May, 1888, and illustrated by three experiments on dogs. *Journal of the American Medical Association*.

"In the Senate of the United States." "From the Committee on Post-Offices and Post-Roads." "Cheaper Postage: Ten Reasons Why the Fourth-Class Rate Should Be Reduced."

Medical Society of the County of Rensselaer. List of officers, members and office hours, with faculties of Troy Hospital and of Marshall Infirmary. Dr. M. Felter, president; Dr. C. B. Herriek, secretary.

"Our Present Knowledge regarding Muscular Atrophies and Hypertrophies." Landon Carter Gray, M.D., New York Polyclinic.

"Pleurisy as a Predisposing Cause of Phthisis Pulmonalis." Benj. F. Westbrook, M.D., Brooklyn. *New York Medical Journal*.

"Suppurative Exfoliative Cystitis." H. J. Boldt, M.D., New York. From *American Journal of Obstetrics*, etc.

"Bovine Tuberculosis." By E. T. Brush, M.D., Mount Vernon, N. Y.

"Water; Its Impurities, Gathered from the Air and the Earth; the Organisms that Grow in it, and the Modern Methods of Purification." By C. W. Moore, M.D., San Francisco. *Pacific Record of Medicine and Surgery*.

"Creasote in Phthisis." Frederiek L. Ladue, M.D., Alburgh Springs, Vt. *Medical and Surgical Reporter*.

"Stricture of the Urethra." Urethrotomy under Cocaine. By Henry J. Reynolds, M.D., Clinical Lecturer, College Physicians and Surgeons, Chicago, Ill. *Western Medical Reporter*.

"A New Method in the Treatment of the Vegetable Parasitic Diseases of the Skin." Read at the Ninth International Medical Congress, Washington, D. C., by Henry J. Reynolds, M.D.

Cornell University College of Agriculture. "Bulletin of the Agricultural Experiment Station, II.," August, 1888.

This gives the details of some experiments to determine the effect of nitrogenous and non-nitrogenous foods on the fat and lean meat of sheep. The investigation is of interest to physiologists as well as agriculturists, and is rendered more interesting by the four full-page colored plates.

It is too bad that good work should be marred by typographical errors, which often seem to be as unavoidable as they are provoking. On pages 5 and 10 "nitrogenous" should read "non-nitrogenous," and *vice versa*; on pages 8 and 10 "earbon" should read "nitrogen," and "nitrogen" and "protein" should read "earbon."

The financial part of the experiments is most disheartening. Whichever method of feeding a man adopts with sheep will ruin him. \$1.43 loss for five months' feeding of six sheep, with payments yet to make for labor, rent and interest!

"On Exercise for Prevention and Cure of Deformities." A. H. P. Leuf, M.D., Philadelphia. *Medical and Surgical Reporter*.

"Vesico-Vaginal Fistula." By Reuben A. Vanee, M.D., Cleveland, O. *Cleveland Medical Gazette*.

"The Intra-Uterine Stem in the Treatment of Flexions." By A. Reeves Jackson, A.M., M.D., Chicago. *Gynecological Transactions*.

"Notes on New Remedies." Lehn & Fink, 128 William street, New York.

"Annual Report of the Department for Insane, Pennsylvania Hospital."

"Papillomatous Cystic Tumor of Ovary, with a Hernial Pouch," etc. By L. H. Laidley, M.D., Beaumont Medical College, St. Louis, Mo. *Journal of the American Medical Association*.

"The Orthopedic Treatment of Paralysis of the Anterior Muscles of the Thigh." By A. B. Judson, M.D., New York. *Medical Record*.

"The Physician's Bedside Record." Each book designed for use in but a single case. The physician writes his directions for the treatment of the patient at the foot of the page each day. The nurse is to record each and every event connected with the patient, at the time of its occurrence. 28 pages, for as many days' use, are ruled one line for each hour of the day. 50 cents a dozen. Plimpton Manufacturing Co., Hartford, Conn.

"Higher Education a Public Duty." Address at Commencement of the College of the City of New York, June 21, 1888, by J. Edward Simmons, LL.D., President of the Board of Trustees.

"Some Retrospective and Prospective Thoughts on Surgery." By Donald McLean, M.D., Detroit. *Journal of the American Medical Association*.

"Exudative Conjunctivitis." A. A. Hubbell, M.D., Buffalo, N. Y. Transactions State Medical Association, 1887.

"The Neural and Psycho-Neural Factor in Gyneciac Disease." C. H. Hughes, M.D., St. Louis. *Alienist and Neurologist*.

"Results of Laparotomy for Acute Intestinal Obstruction." B. Farquhar Curtis, M.D., St. Luke's Hospital, New York. Transactions Medical Society State of New York.

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## PERSONALS.

—Dr. Michael Keenan ('88), resident physician at St. Peter's Hospital, has opened an office in Troy. Dr. Z. F. Dunning ('88) is promoted to his position, and Dr. G. P. Rider ('88), of Parish, Oswego county, begins duty as junior assistant resident physician.

—Dr. Howard S. Paine ('81) returned September 5th from an itineracy of a hundred days with a party of tourists in Europe. The doctor had a pleasant and profitable journey, but don't you call him an "itinerant physician"!

—Dr. Robert M. Fuller ('65), of 136 West 42d street, New York city, has been appointed Lecturer on Dermatology in the Medical Department of the University of New York. Dr. Fuller is the possessor of a large collection of photographs of skin diseases taken by himself.

—Dr. George M. Teeple ('49) died suddenly at his residence in Bridgeport, Conn., Thursday evening, September 6, aged about 65 years. Dr. Teeple read medicine with the late Dr. F. H. Norwood, of Preston Hollow, in this county. He is survived by his widow and three children.

—Dr. William L. Baldwin ('63), one of the most prominent physicians of Jacksonville, Fla., died Monday, September 3,

1888, of the yellow fever, which he had been foremost in battling. He was a native of Florida, born about forty years ago, and came to New York when a young man. He studied civil engineering at the Rensselaer Polytechnic Institute, and afterwards graduated at the Albany Medical College. He served as surgeon in the army during the rebellion, and practiced medicine for some years in Utica. In 1871 he went to Jacksonville with his wife, who, with two sons and a daughter, survives him.

—Dr. Benjamin B. Fredenburgh, aged 91 years, one of the oldest and wealthiest physicians in New York state, died Tuesday, August 28, at the home of his daughter in Palatine Bridge, where he had resided for the past four years. He was born in Ghent, Columbia county, September 4, 1797, and in sixty-four years of active practice at Coeymans had amassed a considerable fortune. He was an honored member of the Medical Society of the County of Albany, which in 1873 tendered him a complimentary benefit on closing his fiftieth year of actual service as a physician. He was a member of the Reformed Church of Coeymans. The remains were taken to that village for burial.



# ALBANY MEDICAL ANNALS.

VOL. IX.

OCTOBER, 1888.

No. 10.

## REPORT OF ONE HUNDRED AND SIXTY-SIX CASES OCCURRING DURING FOUR MONTHS' SURGICAL SERVICE AT THE ALBANY HOSPITAL.\*

By A. VANDER VEER, M.D., ALBANY, N. Y.,

PROFESSOR OF SURGERY, ALBANY MEDICAL COLLEGE; ATTENDING SURGEON, ALBANY HOSPITAL; MEMBER OF THE AMERICAN SURGICAL ASSOCIATION; CONSULTING SURGEON, ST. PETER'S HOSPITAL.

[For Albany Medical Annals.]

### SURGERY OF HEAD AND NECK.

Several cases of sufficient interest to warrant a brief history of each have presented for treatment with lesions about head or neck.

CASE I.—*Cystic Fibroma of Face.* Mrs. M. V., æt. 63, married, native of New York, and by occupation a housewife, was admitted to hospital October 27, 1887. Family history good. Previous health good. Nine years ago noticed small growth in front of left ear. It grew slowly, and gave no particular inconvenience other than its bulk. Case was seen five years ago, but refused operation. Last year has grown very rapidly, and is now rather larger than the closed fist.

It was removed by an incision over tumor so that the lower border of superior floor would fall immediately in front of ear and just under superior border of lower jaw. The skin flaps were dissected away and the encapsulated tumor removed. Hemorrhage was very profuse. Nearly thirty ligatures were required. The lower flap was trimmed and edges nicely adapted by fine catgut sutures. Small rubber drainage tube. Primary union.

Saw patient in March, 1888. Line of incision hardly noticeable, but considerable facial paralysis remains.

CASE II.—*Osteo-Sarcoma of Superior Maxilla.* Mr. J. W. C., æt. 44, married, native of New York, and by occupation a clerk, was admitted to hospital early in October, 1887. Family and previous history alcoholic. Last March had a polypus (?) removed from right nostril. Early in May noticed swelling and tenderness of right upper jaw. The growth increased rapidly, and was lanced once during the summer. Lately several hemorrhages have taken place. Now cheek is distended, skin infiltrated, hard and soft palate implicated beyond median line; tissues of orbit seem free. No operation could be advised. Patient has since died.

CASE III.—*Myeloid Sarcoma of Superior Maxilla; Removal; Recovery.* Mrs. S. B., æt. 37, married, mother of two children, native of New York, and by occupation a housewife, was admitted to the hospital November 23, 1887, presenting a condition very similar to Case II., although less severe. Gave history of tumor of neck upon maternal side.

An operation was undertaken for removal of superior maxilla. Ferguson incision made and greater part of bone removed with forceps, curette and dental engine. Cavity packed with gauze and wound of face closed with fine catgut. Mouth kept clean by frequent use of weak solution of peroxide of hydrogen.

\* For assistance in preparing this report I am greatly indebted to Dr. W. G. Macdonald, House Physician, Albany Hospital.

Gauze packing changed at frequent intervals. Patient made a rapid recovery, and returned home December 15, 1887. Later I learned that she is doing well.

CASE IV.—*Fibroma of Antrum*. Mr. I. W. D., æt. 20, single, native of New York, and by occupation a peddler. Over two years ago Mr. D. noticed some trouble in nostril, and had a nasal polypus (?) removed by snare, which operation was followed by severe hemorrhage. Shortly after, he began to notice a slight bulging of cheek. Last spring had several severe hemorrhages, and was in hospital for palliative treatment. During summer it has grown quite rapidly, and cheek is much more prominent. Mr. D. entered hospital November 6, 1887, and operation was done same day. Ferguson incision made. Anterior wall of antrum was so much eroded that the tumor was easily reached, and found very vascular. An ecraseur was placed about its base and gradually tightened. Chain gave way, and frightful hemorrhage took place, but was controlled by pressure upon carotid until a stout ligature could be thrown about base and tied. Wound was treated same as Case III. Prompt union. Scar but a fine white line. Saw patient March 11, 1888, having presented himself at general clinic. No signs of return of disease.

CASE V.—*Osteo-Sarcoma of Inferior Maxilla; Removal of Lateral Half; Recovery*. Mrs. A. J., æt. 42, married, native New York. Family history shows a tendency to malignant new growths. Previous health good. Mother of six children. Last March she first noticed enlargement of the left side at base of second molar tooth. Tooth was drawn, yet enlargement continued and became very painful. No glandular enlargement.

An incision was made similar to Case I., and lateral half of jaw removed. Patient went on to recovery, and was discharged November 2, 1887, three weeks after operation. External wound completely healed, and internal nearly closed by granulation.

CASE VI.—*Epithelioma of Jaw; Removal; Recovery*. Mr. H. N. F., æt. 62;

married; native of New York; farmer. Family history good. Always in good health until March, 1886, when a painful ulcer developed after drawing first right lower bicuspid. Ulcer spread in spite of the use of caustics.

On October 17, 1887, remainder of teeth and alveolar process removed. Wound refused to heal. November 29, an incision was made outward from corner of mouth, and body of jaw on right side, save narrow border, removed, together with enlarged glands. Wound closed. Patient returned home soon after operation. A letter from his physician states that wound is completely healed.

CASE VII.—*Lymphadenoma (Multiple) of Neck; Removal; Recovery*. Miss A. P., æt. 7, native of United States, was admitted to hospital December 27, 1888, and operation done same day. Incision three inches along anterior border of sterno-cleido-mastoid muscle. Deep dissection done on director. Forty-five separate tumors were removed from supra-clavicular space. Deep drainage of rubber was introduced and wound closed with interrupted sutures, and dressing of pads and gauze applied. The little one went on very well until evening of fifth day, when temperature went to 105° F. Wound looked badly, and suppuration set in. Dressing was changed to poultices and frequent irrigation. Given quinine and stimulants freely. Convalescence very protracted.

This was the only case in my four months' service where there was any considerable septic infection.

CASE VIII.—*Incised Wound of Trachea and Esophagus (Suicidal)*. Mr. G. S. M., æt. 26, native of New York, and by occupation a well-digger, was received from ambulance on the morning of December 31, 1887, with following history: Found in bed of lodging house, faint from loss of blood, with larynx filled with clots, and struggling for breath. Larynx immediately closed, artery caught by forceps, stimulants given hypodermically, and case brought in. The wound was made with heavy pocket

knife about three inches long. It divided thyroid cartilage above "pomum Adami," separating the epiglottis and dividing œsophagus behind. The wound in œsophagus was closed with catgut, the epiglottis was brought down and attached by silver wire, as was the remainder of the laryngeal wound, a hot-water dressing was applied, and patient put in bed. Nutrition and stimulating enemata were given at frequent intervals. On fourth day was able to swallow small portions of milk. Later was fed with stomach tube. Patient never showed a disposition to get well, and continued to lose ground, and died January 16, 1888, of exhaustion.

A case of dentigerous cyst in a patient æt. 48 was readily cured by use of bone forceps and curette.

Two cases of hare-lip, one double, were operated upon successfully, as well as one case of cleft palate.

#### TUMORS OF THE BREAST.

During my term of service, twelve cases of new growth in breast presented for treatment, of which seven were schirrhous carcinoma, three sarcoma, one lipoma, and one cystic degeneration. In five cases there was evidence of heredity. Ten operations were done. Two cases of recurrent carcinoma were refused second operation. In four cases the axilla was invaded and glands removed.

I wish to describe somewhat fully the method which has been pursued in the operation and after-treatment of excision of the breast.

After usual laxative and general bath, the field for operation, including axilla, is shaved, washed with soap and water, and finally with ethereal solution of bichloride of mercury (1-2000). Patient etherized and ready for operation, the instruments are brought in a tray of hot water. Towels are wrung dry from hot solution of bichloride of mercury (1-1000)

and spread about field for operation and wrapped about arm. The first incision, semi-elliptical, sweeps around lower border of breast, an inch below nipple, down to capsule of breast. A second incision, also semi-elliptical, sweeps above breast. The flaps are rapidly turned back and breast capsule and muscle, if necessary, removed. Vessels are caught by pressure forceps as divided. When breast is removed, the wound is filled with sponges wrung from the plain hot water in which they are washed, and flaps held together by assistant. The axilla is now opened, if necessary, to remove enlarged glands, either by extending incision or by a new one, and glands turned out, together with adipose tissue. Next, vessels and bleeding points are ligated with catgut. Wound flushed with warm bichloride of mercury (1-2000), rubber drainage introduced, and wound closed by interrupted catgut sutures. Over line of incision a thin gauze pad, moistened and sprinkled with iodoform, is placed. The dressing is completed with Gamgee pads, several layers of gauze and bandage. The first dressing is usually allowed to remain until third or fourth day, unless considerable oozing or rise of temperature takes place. At first dressing, rubber drainage is removed to give place to horse-hair in fat breasts, or it is wholly left out in thin breasts where no oozing continues. The second dressing is allowed to remain a week or more. In cases where the skin is so much infiltrated that sufficient flaps cannot be made to close wound, dressing is made very much the same, only boracic acid ointment is substituted for dry iodoform dressing.

CASE I.—Miss H. V. S., æt. 49, native of United States, and by occupation a domestic, was admitted to hospital October 18, 1887. Her family history showed



heredity with regard to new growths; otherwise good. Previous health good. About eighteen months ago she noticed a small node in left breast, to which she gave little attention. Six months later it had grown to the size of an orange, and became somewhat painful. She then went under the care of a female "cancer doctor," under whose treatment she remained until a few days before admission to the hospital.

Patient presented no cachexia; well nourished; appetite has recently failed; sleepless nights, due to pain. Breast very large, freely movable, somewhat nodular, and at several points a deep purple blush appeared. The day following her admission the breast was amputated, part of pectoral muscle removed, and wound left to heal by granulation. Axilla free from lymphatic enlargement. Tumor, which was a cystic sarcoma, weighed four pounds. Patient was discharged from hospital November 17, 1887, with wound nearly closed and healthy in appearance.

CASE II.—Mrs. M. C., æt. 70, a widow, was admitted to hospital November 11, 1887, suffering from scirrhus carcinoma of breast. Family history revealed that mother had died from cancer at 60. Patient was mother of nine children, all of whom were nursed. Always had worked very hard. Two years ago noticed tumor, but kept it secret from family and from her physician. Lately it had grown very rapidly and shown a tendency to ulcerate. The growth now implicated whole breast, nipple retracted, axillary glands involved.

Breast amputated; axilla entered and glands removed. Wound left to heal by granulation. Patient discharged December 12, 1887, with a healthy looking ulcer.

CASE III.—Mrs. F. R., æt. 40, married, native of the United States, was admitted to hospital January 10, 1888, with following history: Mother died of cancer; a tubercular tendency upon paternal side. Five years ago a few drops of blood oozed from nipple, and a small

node was discovered. It grew very slowly for two years, then somewhat more rapidly until November 25, 1886, when breast and axillary glands were removed at the Albany Hospital. The wound healed kindly, and patient was discharged from hospital with a clean, soft cicatrix.

About three months later a small nodule appeared in the border of the cicatrix, and this in turn was followed by others, spreading out over site of breast and into axilla. January 10, 1888, patient again entered hospital. After careful examination and consideration, I advised against another operation, in view of the extent of infiltrated tissue and great probability of immediate return.

I have learned that she subsequently entered a hospital in Philadelphia and was operated upon (an operation lasting about four hours), and recovered from the operation, but with a return of the growth immediately after.

The foregoing cases of tumors of the breast, which I have thought of sufficient interest to report, illustrate the danger of procrastination and also the willingness of patients to listen to all manner of treatment that may be suggested by officious friends. As is often the case, these patients would have been very much better off had they submitted to an early operation; and one can not but remember the words of wisdom expressed by the late Prof. Gross so earnestly in one of his last papers, pleading for early operation in all cases of malignant growths.

The last case illustrates a point that one cannot help observing in this class of cases—that when patients have once determined upon operation they will have it a second, third or more times in the hope of recovering their health, though the surgeon may not always encourage them in it. Would that they might be taught to make use of their courage early.

## ABDOMINAL SECTION.

In the four months service, ten abdominal sections were made, two of which were done before the class of the Albany Medical College and in the general operating amphitheatre of the hospital. Four exploratory incisions were made.

In one case extra-uterine pregnancy was suspected. The incision revealed fibroid and soft myxoma implicating whole body of a then pregnant uterus. This operation was followed by recovery.

An incision was made in two cases of fibroid, having in view supra-vaginal hysterectomy or the removal of tubes and ovaries. The growths were very adherent in both cases, but the appendages were removed. One died, one recovered.

Another exploration revealed colloid carcinoma arising from ovary and infiltrating mesentery. A large mass was removed, and the abdomen was washed out with sterilized water (105° F.). Patient died on the fifth day from exhaustion.

Three cases of ovarian cyst were operated upon successfully, although it was necessary to sew one sac into the incision, on account of adhesions.

The history of two cases of intestinal obstruction are given elsewhere in this paper.

A case of hemato-salpinx was operated upon, giving entire relief from symptoms.

A case of renal cyst is of sufficient interest to warrant a somewhat fuller history:

Miss B. D. B., æt. 20, single, native of Ireland, and by occupation a domestic, was admitted to hospital September, 1887. Family history good. Had always been well and strong. First menstruation at 15, painless, scanty, but regular. First noticed enlargement of

abdomen five years ago. Tumor commenced in middle of abdomen, and was very hard. Two years ago it grew very large, and was tapped five times at frequent intervals and a large quantity of dark, frothy liquid drawn each time. After last tapping, sac did not refill until spring of 1887, when she began to enlarge rapidly. When first ill, suffered from amenorrhœa for a year, since which she has been regular. Since tumor appeared has passed but little urine, and during summer had a complete suppression. Many of the facts were learned from patient after operation. She did not give an intelligent history.

October 3, 1887, the operation was done. Usual median incision made. A large cyst (supposed ovarian) was exposed; found adherent, but tapped. The process of enucleation was very tedious and a large number of ligatures introduced. While working for a pedicle the right kidney was reached and the cyst origin made out. The pelvis of the kidney, together with the vessels, were included by a single ligature, the Staffordshire knot. Patient reacted well from operation. Temperature never rose above 101° F. She rapidly convalesced, and returned to her home and occupation. Have heard recently (May, 1888) that she is in good health.

The average excretion of urine for three weeks after operation was twenty-four ounces per day; urea approximately three hundred grains.

The fluid drawn from the cyst was dark, specific gravity 1010; contained albumen, paralbumen, abundant chlorides, no apparent amount of bile pigment, no cholesterin, and urea approximately two per cent. Microscopically nothing noticeable was determined.

While from the history of the case obtained from the patient before operation, and the examination, I was led into a diagnostic error, manifestly the median abdominal incision was the only one by which the cyst could be successfully removed.

I am convinced that all growths of the

kidney, cystic or otherwise, that have reached any considerable size should be approached by the median incision. On the other hand, renal calculi, abscesses, occlusions of ureter, or any cause which may call for the exploration or removal of a not over enlarged kidney, will require the lumbar incision.

#### INTESTINAL OBSTRUCTION AND HERNIÆ.

Two cases of intestinal obstruction presented for treatment.

CASE I.—Miss F. E. H., æt. 46, single, native of the United States, and by occupation a dressmaker; gave a good family history. When fifteen years old, had suffered from dysentery, followed by peritonitis, since which she has suffered much from abdominal pain and difficult defecation. For last twelve years has been able to secure movement of bowels only by use of large enemata.

Upon physical examination a mass about the size of an orange could be made out in the left inguinal region. Uterus seemed free from growth. A diagnosis of probable solid tumor of broad ligament pressing on descending colon made and exploration decided upon.

October 7, a short median incision was made, and the splenic flexure of colon found bound down to left iliac fossa by old adhesive bands, a dilated portion of colon giving the appearance of tumor felt. The adhesive bands were divided, thoroughly loosened up, and abdomen closed. Patient speedily recovered from operation, very much improved.

CASE II.—Mr. S. V. V., æt. 22, single, native of United States, and by occupation a knitter, was admitted to hospital December 1, 1887, having already suffered five days from symptoms of intestinal obstruction. His condition being very good, large enemata were given, both fluid and gaseous, without success. During following night stercoraceous vomiting again set in, and exploration determined upon early in the morning.

When the abdomen was opened, the ileum was found occluded by Merckel's

diverticulum becoming attached to crest of sacrum. The diverticulum was loosened up and removed. Wound in bowel closed by continuous catgut sutures, and abdomen closed.

Patient never rallied well from the operation. There were signs of great cardiac depression, and although stimulants were administered freely, he died sixty hours after operation.

No vomiting occurred after operation, and bowels moved spontaneously twelve hours before death.

An autopsy eight hours after death showed that the abdominal wound was healing nicely, that the peritoneal congestion had largely subsided, and that the intestinal wound was closed by firm adhesion.

Three operations were done for the relief of hernia—one for strangulated femoral, one for irritable femoral, and one for irritable inguinal. All were successful.

CASE I.—*Strangulated Femoral Hernia.* Miss N. C., æt. 25, single, native of United States, and by occupation a domestic, was brought to hospital as an ambulance case, with following history: Two days before, while lifting a tub of water, she felt a sudden giving away, with sharp abdominal pain, and noticed a small tumor in the groin. A physician was called, who made severe and prolonged efforts at taxis.

Immediately after admission the parts were scrubbed, shaved and washed with an ethereal solution of mercuric chloride. Patient etherized, incision made, sac incised, and a very dark and congested intestine exposed. The constriction was relieved, when intestine improved in appearance and was returned. Sac was drawn down, ligated with heavy catgut and removed. Wound drained by horse-hair, closed with catgut, dressed with pads and bichloride gauze, and over all a spica bandage of gauze. Temperature never above 99.5° F. First dressing changed on fourth day and drainage removed. Second dressing left on two weeks. Patient discharged December 24, 1887, cured, three weeks after admission.



**CASE II.—*Reducible Inguinal Hernia.*** Mr. F. S., æt. 14, native of New York, was admitted to hospital December, 10, 1887, with a reducible inguinal hernia complete. He had been unable to have fitted a truss that would retain hernia or could be worn with comfort.

It was decided to try the Heaton method, and twenty minims of Heaton's fluid was deposited about internal ring, after scrubbing, shaving and washing with ethereal solution of mercuric chloride the overlying skin. A firm pad and spica made the dressing. Patient was put in bed, with hips elevated, and not permitted to get up for two weeks. Considerable inflammatory reaction took place, and a considerable induration of tissue remained when he left the hospital, December 24, 1887, cured.

**CASE III.—*Irritable Femoral Hernia.*** Miss M. A. D., æt. 26, native of New York, and by occupation a housewife, was admitted to the hospital, with following history: Last February, while lifting a heavy kettle from stove, was taken with sudden and severe pain in lower abdomen. A physician failed to discover the hernia until six weeks later. The hernia, which was reducible at times, could never be retained by a truss with comfort. Late in August decided symptoms of strangulation occurred, and the hernia was reduced with great difficulty.

Early in October, after precautions used in other cases had been taken, sac was opened and hernia returned, after small section of omentum had been removed by ligation with Staffordshire knot. The sac was pulled down, ligated and removed. Dressing same as in Case I. Patient recovered without material rise in temperature, and was discharged, cured, October 29, 1887.

#### TUMORS OF THE BLADDER.

**CASE I.—*Papilloma, with Phosphatic Incrustation, in Female.*** Mrs. C. K., æt. 45, married, native of United States, and by occupation a housewife, was operated upon at hospital, October 18, 1887. She gave a history of vesical irritability, passing sand and ammoniacal urine containing mucus, pus and blood for past two

years. Recently has had several vesical hemorrhages.

Patient etherized, urethra dilated, and bladder explored by finger. A villous growth was found upon left side of bladder, together with general phosphatic incrustation. The curette was used with considerable vigor, and detritus removed with Bigelow's evacuator. After-treatment will be spoken of later on. Patient discharged, improved, November 11, 1887.

**CASE II.—*Papilloma of Bladder; Perineal Cystotomy (median); Recovery.*** Mr. L. H., æt. 47, married, native of United States, by occupation a carpenter, gave following history: An uncle died of cancer; family history otherwise good. When fourteen years old received an injury to testicle, after which it took on a neuralgic condition, and it (the left) was removed two years ago. About the time of the removal of the testicle patient had hemorrhage from bladder. He was very comfortable for a year after operation, after which a cystitis set in, bladder became very irritable, hemorrhages took place at frequent intervals, and he suffered from severe pain in perineum. The prostate was enlarged and tender. Urine passed wholly by catheter. A careful search revealed no calculus.

January 3, 1888, patient was etherized, placed in the lithotomy position, and median incision made, with free division of prostate. By hypogastric pressure the thickened and contracted bladder could be brought against exploring finger. A papillomatous growth could be felt spread over a considerable area of bladder. It was removed by means of forceps and curette. Bladder washed with warm borated solution and drainage introduced. Patient discharged from hospital January 31, 1888, in good condition. Have received letters since stating that patient is in good health.

**CASE III.—*Papilloma of Bladder; Perineal Cystotomy; Death from Surgical Kidney.***—Mr. F. D., æt. 27, married, native of Canada, and by occupation a plumber, gives a good family history. Had gonorrhoea ten years ago; had been somewhat

intemperate in his habits. Five years ago had slight hemorrhage from bladder. Suffered more or less at times until a year ago, when, after great exposure, symptoms became greatly aggravated. He entered hospital January 4, 1888, and was treated by washing with borated solution and the administration of various remedies, all without material improvement.

February 2, 1888, patient was etherized and same operation done as in Case I. Patient did very well until fifteenth day, when urinary excretion became very small, vomiting became troublesome, and patient sank and died February 19, 1888.

An autopsy showed far advanced pyonephritis. Casts were found in urine before operation.

**CASE IV.**—*Chronic Cystitis; Prostatic Hypertrophy; Perineal Cystotomy; Death from Uræmia.* Mr. J. W., æt. 66, married, gentleman by occupation, was seen by me with his family physician, Dr. Haynes, of Cohoes, during the winter of 1888. He presented a history of general vigorous health until four years ago, when he began to complain of an irritable bladder. Had always been a free liver in every respect, and was of a gouty diathesis. The vesical irritability continued, despite all methods of treatment, and considerable cystitis developed. The prostate was very greatly hypertrophied. His condition went from bad to worse, because addicted to the use of morphine. Late in February, 1888, Mr. W. was seen by Prof. E. L. Keyes, of New York, who advised perineal cystotomy and drainage, an opinion which we had held and had advised. His urine contained albumen, pus and casts.

On the 29th of February, 1888, patient was etherized, grooved staff passed, and the median incision made with narrow, straight knife. A No. 30 French soft rubber catheter was introduced and fixed as described further on. It completely filled the wound. Whole time of operation, ten minutes. Patient had a partial suppression of urine, and on the third day had a uræmic convulsion. His condition continued to grow worse, and he died March 6, 1888, in uræmic coma.

The vesical irritability was relieved by the operation, and the condition of the urine and bladder was improved. Warm borated irrigation was introduced in all the cases. In Case I. a self-retaining catheter was used; in the other cases (males) a catheter, No. 27 or 30 French, has been introduced through the perineal wound and retained by rubber band attached to the catheter, the bands being attached in turn to an abdominal belt very much after the manner of a uterine supporter. The catheter may be cut off an inch or two from the body. This device has proved very satisfactory in our hands. Through the drainage the bladder is washed every day with a warm solution of benzoate of soda (3j to Oj). This, together with tonic doses of quinine, iron and a bland diet, constitute the whole treatment.

"How long shall drainage be allowed to remain?" is a vexed question here, as elsewhere. In general terms, it should be allowed to remain until the urine has returned to a normal condition and vesical irritability is largely reduced or has disappeared. After two weeks a clamp may be placed over the end of the drainage tube and patient be allowed to sit in an easy chair. There is likely to be no incontinence. The clamp may be removed from time to time, and retained urine evacuated. In this way the tolerance of the bladder may be determined.

In all these cases drainage was essential to cure. I have yet to learn of an operator who is satisfied with supra-pubic drainage. The perineal route to the bladder was selected because of the superior facilities for drainage, the benefit to be gained by section of the prostate, the simplicity of the operation, and the ease of after-treatment.

The second case was especially bene-

fited by section of the prostate. Mr. Reginald Harrison, F.R.C.S. (Lettsomian Lectures, 1888), dwells at length upon the sphincter and supporting function of the prostate. In a contracted bladder, long subjected to spasm and irritated by the presence of foreign bodies or ichorous discharges, it seems that the division of this muscular band must be followed by the same relief that is experienced in fissure of the anus after rupture of the sphincter ani.

When the time comes for removal of the drainage tube, we have accomplished another purpose—the removal of the obstruction caused by the hypertrophied prostate.

The advantage of supra-pubic cystotomy, by affording a view of the field of operation, is apparent rather than real.

In this relation may be mentioned three cases of vesical calculus, two of which were operated upon by litholapaxy, with one death from surgical kidney. The other case was so unpromising that no operation was advised.

#### SURGERY OF THE JOINTS.

CASE I.—*Floating Cartilage.* Mr. J. R., æt. 19, native of United States and by occupation a printer, was operated upon at the hospital January 21, 1888, and a floating cartilage the size of a quarter silver piece removed. Local anæsthesia by cocaine. The history is as follows:

The fourth of July, 1887, his knee caught in a semi-flexed position while running, and he was unable to extend the leg until he worked it a little in various directions. This accident recurred quite frequently, and finally the patient discovered a body movable within joint cavity, which led him to seek treatment.

The cartilage was caught in a pocket and retained by compress and bandage for a few days, when a clean-cut incision was made and cartilage removed. Limb dressed on straight posterior splint, anti-

septic dressing, no drainage. Patient did well, save an intercurrent attack of tonsillitis, which caused a considerable rise of temperature, leading to a removal of dressings, only to find limb in good condition.

CASE II.—*Excision of Outer Condyle of Humerus.* Master W. C. B., æt. 9, fell from a cherry tree four months prior to his entrance to the hospital, fracturing the external condyle of the humerus and dislocating the forearm backward. The treatment instituted at time of fracture had resulted in an ankylosis and useless arm.

An attempt was made to break up ankylosis under ether, but failed. An incision was made along outer side of joint. The external condyle was removed, dislocation reduced, and arm dressed on angular splint. There was a small amount of suppuration about external wound. After two weeks passive motion was begun. The boy has gained a fairly useful joint with free motion at elbow; pronation and supination, as well as extension and flexion, being quite readily performed.

CASE III.—*Sub-Spinous Dislocation of Humerus (old).* Mr. R. D., æt. 48, by occupation a cowboy, and a resident of New Mexico, was referred by Dr. McLean, of Troy, and admitted to the hospital November 30, 1887. His case is somewhat rare. I believe that there are a few more than thirty cases in the whole literature upon this subject. The accident occurred several months prior to his admission. The mechanism of the dislocation was as follows: He was herding cattle with a "bucking" mustang, and was thrown over the mustang's head, striking first on his hand and then on the point of his shoulder. He was seen by a local physician, who claimed to have reduced the dislocation. After the dressing was removed his arm was powerless. Was unable to touch opposite shoulder by four inches. After consultation, an ineffectual attempt was made at reduction, both by extension and counter-extension, and by fixation of shoulder and manipulation. An opera-



tion for the restoration of the head of the humerus to the glenoid cavity was advised, but declined by the patient.

Amputation of the thigh was done four times, with three recoveries and one death. Three cases were for tubercular arthritis of the knee-joint. One was of thirty years' standing; had been arrested, but five years ago, while on a debauch, patient fell, injuring it again, since which it has undergone continued suppuration. Patient has had night-sweats, and was very feeble. Resection was impossible, owing to wide complication of the condyles and shaft of femur and the head of the tibia.

CASE IV.—Also in the male, a young man *æt.* 20, who gave a history of trouble with the knee dating from an injury seven years ago. The condition of the patient and of the limb were similar to Case I. An amputation was done. Both of these cases recovered. Wound healed by first intention. Sweating ceased. Both gained flesh and strength before leaving hospital.

CASE V.—Miss B. H., *æt.* 16, native of the United States, was of the tubercular diathesis. Five years ago first began to have trouble with knee. Two years ago sinuses formed, but closed partially. Had worn an extension apparatus since. This case seemed a favorable one for excision, and all the preparations were made for the operation. The case was carefully explained to patient and friends, and excision most earnestly recommended. Patient insisted, not without the advice of surgeons, upon a clean amputation, which was done. Patient recovered nicely, and returned to her home three weeks later.

An examination of the joint showed it favorable for resection.

CASE VI.—A most unfortunate railroad accident. Crushing of knee and extensive laceration of soft part, with great loss of blood. Was operated upon, although patient's condition was very unfavorable. After operation patient's limbs were bandaged firmly with flannel

rollers, and free stimulation ordered. Later, transfusion was done, 600 cc. of saline solution being thrown into his circulation. He never recovered from the shock, and died ten hours after the operation.

#### MISCELLANEOUS CASES.

CASE I.—*Lacerated Wound of Hand, with Fracture of Metacarpal Bones.* J. H. P., *æt.* 19, native of United States, and by occupation a carpenter, came to the hospital with a severe wound of the hand, caused by the revolving knife of a plane. The three outer metacarpal bones of the left hand were commuted, the extensor tendons divided, and the palmar arch was wounded.

Patient was etherized, and the vessels caught and tied with catgut. Wound was thoroughly cleansed of foreign bodies and spiculæ of bone, 1 3000 solution of mercuric chloride being used for the purpose. Divided tendons were now brought together and sutured by fine silk. Drainage tube was introduced and external wound closed by catgut. Hand and forearm placed upon an anterior splint and all dressed with iodoform and sublimated gauze. Patient had but slight febrile reaction. Wounds healed without suppuration, bones united, and after five weeks fingers could be quite readily extended, motion being very satisfactory in all save the little finger.

CASE II.—*Vesico-Vaginal Fistula, with Occlusion of Urethra.* Mrs. C. Y., *æt.* 28, a widow, came to us for relief November 20, 1887, with the following history: May 7, 1887, was taken in labor with second child. Labor continued after rupture of membranes for forty-eight hours, and was terminated by forceps delivery. After delivery patient had severe pelvic cellulitis, terminating in abscess, followed later by peritonitis. It was soon discovered that urine flowed away through vagina. She received no treatment before coming to the hospital. Upon examination the urethra was found closed absolutely by adhesive inflammation. Great difficulty was experienced in finding the fistula, it being in a fold of the

vagina high up. Anterior lip of cervix sloughed.

First operation enlarged fistula, which would only admit the point of a probe, and the opening of the urethra to admit sound, by use of knife. The tract of the urethra was kept open by self-retaining catheter and the passage of sounds. She left hospital two weeks after operation to return for second operation, the closing of fistula. January 13, 1888, she was operated upon for closure of the fistula successfully. Silver wire used for sutures. Patient now passes urine voluntarily by urethra. Advised the introduction of a bougie twice a week.

CASE III.—*Vesico-Vaginal Fistula.* Mrs. M. C., æt. 31, married, native of United States. Has been troubled with dribbling of urine from the vagina for seven months. She dates her trouble from birth of first child. The labor was very difficult, and was finally terminated by forceps delivery. Child weighed thirteen pounds. The edges of the fistula were freshened, and wound closed with six silver-wire sutures. Patient did well. Sutures removed on tenth day. Union perfect.

During my four months' service six cases of advanced carcinoma of the cervix presented for treatment. They were all peculiarly sad ones. The patients had either not called their physician's attention to the trouble, or it had been temporized with until all hope for relief, by radical operation, was in vain. In all cases the broad ligement, the base of the bladder, the vagina and rectum were either wholly or partially infiltrated by the disease. In no one of the cases could amputation of the cervix by vaginal hysterectomy have been done with any hope of relief. The early diagnosis of this disease cannot be too earnestly insisted upon.

CASE IV.—*Perforating Ulcer of Foot.* Miss I. M., æt. 14, was operated upon at the hospital, October 29, 1887. She gave the history of having had cerebro-

spinal meningitis four years ago, after which there was some contraction of plantar fascia and Achilles tendon. Nine months ago an ulcer developed on ball of foot, near little toe. The little toe and outer metatarsal bone were removed. Wound healed very slowly, but finally united well. She was discharged September 12, 1887, cured.

CASE IV.—*Lacerated Cervix, with Hypertrophic Elongation.* Mrs. L. S., æt. 37, married, native of United States. Family history good. Previous health good. Menstruation normal, first at twelve years. Mother of three children, oldest nine, youngest born August 15, 1887, and died soon after delivery. Five years ago, shortly after delivery of second child, patient began to suffer from pelvic pain, difficult locomotion and leucorrhœa, which was untreated. During last pregnancy patient suffered a great deal, and noticed a body (the cervix) protruding from vulva. At term a great deal of trouble was experienced and instruments finally resorted to. Since delivery all old symptoms have been exaggerated. Upon exposure a body was seen protruding from vulva, congested and torn on one side. Upon introducing sound, found length seven inches.

Operation. Wire ecraseur drawn moderately tight at vaginal juncture and whole body drawn down. Cervix amputated by scissors, and borders closed by silver wire. No untoward symptoms appeared after operation. Sutures removed on ninth day. Patient returned to hospital a month later feeling well. Uterus smaller, no discharge, no discomfort.

CASE V.—This case presents one of the most remarkable histories and the greatest degree of courage that I have ever seen exhibited in any one person.

Mr. G. H. C., of Grant, N. Y., married, and has several children; by occupation a farmer. Admitted to Albany Hospital during October, 1886, and again on February 15, 1887. Family history free from any diathesis. When eighteen years old, while jumping in the snow, he struck a piece of wood, bruising the perineum,

but producing no wound. Twenty years later he was thrown from a wagon, striking upon his head. This accident confined him in bed for three weeks. Eight years later patient began to suffer from constant pain in the back. Pain is described as constant, tearing, burning; also has a feeling of weight over bladder and in perineum. The first urine voided is frequently of a creamy consistence; later, normal. Examination of urine shows a trace of albumen, abundance of pus, but no casts. No frequent desire to urinate, no marked symptoms of cystitis nor stone. Was carefully sounded several times by myself.

The first operation was done October, 1886, by making an exploration in the perineum to the left of the median line, and extending back toward the neck of the bladder, midway between the rectum and tuberosity of the ischium at a point where the patient felt certain that the parts were swollen at times and from which the pus came. I made as deep a dissection as seemed safe and proper, but failed to discover any pocket of pus.

From this operation the patient made a good recovery, and returned to his home, feeling somewhat encouraged, but insisting upon another operation later on, and if necessary to open the left kidney, where he at times complained of much pain.

When admitted the second time to hospital, he was carefully examined, symptoms and condition being about the same, but was sent home for a time to improve in general health before an operation.

He was readmitted to the hospital April 19, 1887, and on the 20th, in view of symptoms, together with tenderness and apparent increase of area of dullness over left kidney, an exploration was made. The kidney was cut down upon, and found normal in appearance. The finest needle of the aspirator was introduced into the substance of the kidney in various directions, and nothing found. Wound was flushed with mercuric chloride (1-2000), vessels ligated with catgut, drainage introduced, and closed with interrupted sutures of catgut. Wound

healed by first intention. No serious symptoms from operation were observed. Patient left the hospital May 9, 1887, improved somewhat in mind at least. Probable source of the pus was from an abscess about the base of the bladder.

Was again admitted to hospital October 8, 1887. His condition was the same as when last discharged, May 9, 1887. After hypodermic injection of cocaine, patient was put in lithotomy position, and median incision made upon the staff. No abscess could be found upon base of bladder within, which was carefully examined by my finger introduced. Drainage was employed and hot dressings applied. After operation patient had three chills and a considerable rise of temperature, but made a good recovery. Left hospital November 5, 1887. Perineal wound nearly healed. Urine passed through urethra after third day.

Insists upon having one more operation, as he states he must get relief. My impression is that the abscess is situated in the vesiculæ seminales, and that an operation through the dilated rectum may reach it. November 26, he came to the hospital looking well, but there is still much pus in the urine. Passed urine six or seven times in twenty-four hours.

CASE VI.—*Epithelioma of Penis.* Mr. C. M. E., æt. 60, married, native of United States, by occupation a farmer. Family history revealed that father had epithelioma; grandfather died from some form of cancer. Eczema has been prevalent in family. In April, 1887, was poisoned by sumach. Had previously suffered from eczema a great deal. Called a physician May 1, when whole penis had an exanthematous appearance, acquired phimosis and considerable ichorous discharge. Perpuce was slit up at that time, showing a very large ulcer. Has always been correct in his habits. Ulcer continued to increase despite all treatment, and became very painful. Glans at present time is twice normal size. Has the appearance of cauliflower. Patient has become broken down in health and lost flesh. No glandular enlargement.



Penis was removed near base by knife. Patient convalesced rapidly. There has been no return of disease so far.

In this case a simple elastic ligature was thrown about base of penis, and controlled hemorrhage admirably.

The surgical lesions treated may be conveniently classified, viz.:

Lesions of the Head and Neck, . . . . .	24 cases.
Lesions of the Trunk, including	
Genito-Urinary, . . . . .	70 "
Lesions of Extremities, . . . . .	46 "
Lesions Peculiar to Women, other	
than Tumors of the Breast, . . . . .	28 "

Total, . . . . . 168 cases.

The lesions of the head and neck were:

New Growths, . . . . .	12 cases.
Fractures and Dislocations, . . . . .	4 "
Congenital Malformations, . . . . .	4 "
Contusions and Wounds, . . . . .	3 "
Concussion of Brain, . . . . .	1 case.

Total, . . . . . 24 cases.

The lesions of the trunk were:

New Growths, . . . . .	19 cases.
Intestinal Obstruction, . . . . .	2 "
Empyæmia, . . . . .	1 case.
Cyst of Kidney, . . . . .	1 "
Bladder, . . . . .	7 cases.
Strictures of Urethra, . . . . .	9 "
Contusions and Wounds, . . . . .	5 "
Burns and Scalds, . . . . .	2 "
Fractures, . . . . .	3 "
Hernia, . . . . .	3 "
Fistula in Ano, . . . . .	6 "
Miscellaneous, including Spinal Car-	
ries, etc., . . . . .	12 "

Total, . . . . . 70 cases.

The surgical lesions of the extremities were:

Fractures, . . . . .	9 cases.
Dislocations, . . . . .	2 "
New Growths, . . . . .	3 "
Necrosis, . . . . .	5 "
Synovitis and Bursitis, . . . . .	6 "
Contusions and Wounds, . . . . .	9 "
Anchylosis, . . . . .	2 "
Tubercular Arthritis, . . . . .	4 "
Varicose Ulcers, . . . . .	6 "

Total, . . . . . 46 cases.

The surgical lesions peculiar to women, other than tumors of the breast, were:

Uterine Fibroma, . . . . .	7 cases.
Carcinoma of Cervix, . . . . .	5 "
Ovarian Cyst, . . . . .	2 "
Lacerated Cervix, . . . . .	3 "
Vesico-Vaginal Fistulæ, . . . . .	2 "

Lacerated Perineum, . . . . .	2 cases.
Primary Ovarian Carcinoma, . . . . .	1 case.
Miscellaneous Displacements, etc., . . . . .	6 cases.

Total, . . . . . 28 cases.

In all 133 operations were done. In 168 cases of surgical lesions treated, there were seven deaths, two due to peritonitis, two to uræmia, two to the exhaustion of the disease, and one to shock. Our death rate is, therefore,  $4\frac{1}{8}$  per cent.—not very very bad, considering the class of cases that come to a general hospital for treatment.

*Dressings.*—Elsewhere in this paper allusion has been made frequently to the use of antiseptics in dressing and washing of wounds. Our methods have been very simple, and the antiseptic agents used neither new nor novel.

To begin with, all the gauze used is of home manufacture; that is, plain gauze medicated chiefly with bichloride of mercury. Plain absorbent gauze can be bought in two-hundred yard lots at four and a half cents per yard. This is conveniently cut and folded in five-yard pieces and treated as follows: It is immersed in a solution consisting of one part of bichloride of mercury, fifteen of tartaric acid, 150 of glycerin, and sufficient water for 1,000 parts; enough eosine is added to give a faint tint. After remaining in this solution for twelve hours the gauze is wrung dry and packed in stoneware jars ready for use. The addition of tartaric acid and glycerin is very advantageous, increasing both the antiseptic and absorbent power of the gauze.

The bichloride gauze is used for making "Gamgee" pads for bandages, and for iodoform gauze by rubbing iodoform in its mesh. Iodoform and boracic acid have been used in dressing ulcers, both in powder and in ointment. Boric acid

solutions have been used in washing the bladder and urethra before and after operations. A one-half per cent. solution of hydrogen peroxide was very satisfactorily used about the mouth and nose. It acts also as a powerful deodorant.

For flushing wounds, 1-2000 or 1-3000 bichloride of mercury solutions were used. In my abdominal work hot water

took the place of all antiseptics, save in the dressing. The spray has been used in the room for three days before opening the abdomen. No poisonous effects were observed during the four months from the use of antiseptics, save one case where a slight iodoform erythema appeared upon the abdomen after an abdominal section.

### A MONTH'S SERVICE AT THE ALBANY HOSPITAL.\*

#### ŒSOPHAGOTOMY—FIVE CASES OF FRACTURE OF THE SKULL—STRANGULATED INGUINAL HERNIA—FRACTURE OF THE PELVIS.

By WILLIAM HAILES, M.D., ALBANY, N. Y.,

PROFESSOR OF HISTOLOGY, PATHOLOGICAL ANATOMY AND CLINICAL SURGERY, ALBANY MEDICAL COLLEGE.

CASE I.—*Œsophagotomy*. M. Van W., æt. 17, of Fultonville, N. Y., came in consultation with Dr. Peddie, of that place, presenting the following history: On Sunday, April 1, 1888, at 3 P. M., she placed a shawl-pin in her mouth while taking off her outer garment, and in a fit of laughter accidentally swallowed it, it passing point downward into the pharynx, where it was felt by the patient, but in her efforts at extraction, and by trying to get her finger below the point of the sharp pin, she pushed it down into the œsophagus. The pin was two and a half inches long, and had a large round black glass head. She suffered considerable pain, was unable to swallow, and soon developed a troublesome cough, which has continued, with considerable severity, until very recently, and gave her great pain both before and after the operation of œsophagotomy. Dr. Peddie was called, and attempted to remove it by means of the probang (bristle), but did not succeed. Dr. Buckbee also tried to remove it by probang, but failed.

locate the foreign body and also to extract it. An obstruction was found at about the middle third of the œsophagus, and upon the last attempt, about 9 P. M. of the 3d instant, considerable difficulty was experienced in freeing the instrument (an ivory-tipped, olive-shaped œsophageal sound). This was followed by more pain and distress, and it was thought wise to try no longer to remove it by the mouth.

April 4, it was decided to perform œsophagotomy. The usual incision was made along the left sterno-cleido-mastoid muscle, extending down to within one-half inch of the sternum, and after cutting down through skin, superficial fascia and platysma myoides to the deep cervical fascia, the sheath of the great vessels and pneumogastric nerve was reached and held to the outer side by a retractor; then by careful dissection the sterno-hyoid and sterno-thyroid were uncovered and held to the inner side by a retractor. The œsophagus was plainly seen. Then, introducing a large-sized lithotomy staff by the mouth, the œsophagus was pushed well forward and incised over the pro-

Was brought to the Albany Hospital April 3, and several efforts were made to

\* Read before the Medical Society of the County of Albany, Wednesday evening, April 25, 1888.

jecting point. The finger was passed into the œsophagus, but no foreign body was found within reach. An olive-pointed œsophageal sound was passed through the incision and down into the stomach; all was free. The sound was withdrawn, and the finger was swept up into the pharynx and around the epiglottis, but nothing of the foreign body was found. Drs. Vander Veer and Morrow also made digital and bi-manual examinations, with the same results. The pin had probably been broken, the head passing into the œsophagus, the point becoming imbedded in the anterior mediastinum. Wound in the œsophagus was closed by continuous catgut sutures, and the exterior wound partially closed and drainage tube inserted. The patient rallied well from the ether, and expressed herself as feeling much better. The pain in her chest was gone, and she found no difficulty in swallowing. She still complained of a troublesome cough and some discharge of mucus. One-third of liquid food regurgitated through the wound in the neck, and great quantities of mucus came through the incision. She made a rapid recovery, and is now feeling well, though still has a slight cough. Stools have been carefully watched, but up to 21st day no foreign body has been found.

April 25, during a violent fit of coughing, a shawl-pin two and a quarter inches long, with a flat head of black jet one-half inch in diameter and one-fourth inch in thickness, was coughed up. It had been expectorated from within the larynx, where it had been lodged.

CASE II.—*Fracture of Skull (Base); Death.* J. M., æt. 27. Was standing in second story of a building, when he received a blow from an iron hook of hoisting tackle, and fell fifteen feet, striking upon the left frontal eminence. There was

bleeding from the nose, mouth and ears, and a discharge of sub-arachnoidal fluid. There was a laceration over the left frontal eminence and a simple undepressed fracture. Patient unconscious and fast sinking. Diagnosis of fracture of the base, with intra-cranial effusion, and simple fracture of the vertex. No operation. Patient died a few hours afterward.

CASE III.—*Fracture of Skull; Trephining; Recovery.* F. G., æt. 28. April 9, 1888, while attempting to "bleed" an air brake on the West Shore railroad, as train was slowly backing, his head was caught between the bumper of the rear car and the hub of a stalled two-horse truck that was loaded with barrels of flour, the truck and load approximating two tons or more. His head was completely crushed between the opposing bodies. He was picked up, the ambulance called, and taken to the Albany Hospital. He was unconscious, and blood poured from ears, nose and mouth. There was laceration of the scalp, fracture of the left parietal bone, with depression, and extensive fracture of the base of the cranium. The patient was weak, pulse almost imperceptible. Subcutaneous injections of stimulants were given, and the left parietal bone, over the anterior inferior angle, was operated upon. No trephine was used, but a small rose-burr was employed, on account of the locality of the injury and the danger of wounding the middle meningeal artery by use of trephine. The smallest fragment in the fracture was selected, and after passing through the external table into the diploë, the point of an elevator was passed into it, and by means of a little manipulation the small fragment was lifted up and out of its place; it was then an easy matter to take the next piece and raise that in the same manner,



and so on to the next, until all depressed fragments had been elevated. A probe was passed all around the margins of the exposed dura, to see that every thing was free and clear. Almost immediately after the bone was elevated the man articulated a few intelligible words, and then passed again into unconsciousness. During the night he had several severe and alarming hemorrhages from the nose and ears, which were controlled by ergot hypodermically, with digitalis also to stimulate the heart. About twelve hours after the operation he recovered complete consciousness. The case progressed very nicely until thirteen days after the accident, when erysipelas started in the wound, and the patient died April 25, or sixteen days after the trephining, from erysipelas and basilar meningitis.

CASE IV.—*Fracture of Skull.* S. D., æt. 10. This boy was playing on the railroad track, and was truck by a passing locomotive, thrown between the tracks, and two cars passed over him, resulting in numerous contusions and bruises and a laceration over the right parietal eminence. Exposing the skull, a linear fracture of the frontal bone, without depression, was found. No operation. Cold applications to the head. The boy recovered readily.

CASE V.—*Fracture of Skull; Trephining; Recovery.* W. H. P., æt. 26. While working on a scaffold twenty-five feet from the ground, it gave way, and the man struck upon a pile of bricks, inflicting a crucial incision of the scalp, on the top of his head, and fracturing and depressing the bone. The injury was in the median line, also, to the left, over the middle portion of the superior longitudinal sinus. He was not suffering from any symptoms of injury or concussion of the brain when the ambulance

arrived, but soon became unconscious, and was completely insensible upon his arrival at the Albany Hospital. The wound was cleared of all foreign substances; considerable number of fragments of brick were sticking in the wound. Immediately proceeded to elevate the depressed portion of bone. The same rose-burr drill was used, on account of the immediate relations of the great sinus. Loosening the smallest fragment, its removal gave the key, or opened up the way to the easy extraction of several pieces which lay next in order, until all loose fragments were removed, save one—a large piece of the left parietal, shelving under for a considerable distance, which slipped up into place with a perceptible click, and required considerable force to depress again. By close examination this piece was discovered to be large in size, would require extensive removal of sound bone to extract it, and as it was still attached to the dura mater, it was decided to allow it to remain; it was held in position securely by its serrations of natural dove-tailing, and no danger of subsequent depression existed. Another novel complication existed—a sharp spicula of bone had pierced the longitudinal sinus, and the blood would spout at each contraction of the heart. The operation was done with thoroughly antiseptic precautions; the wound was packed with iodoform gauze and sutured. He recovered consciousness shortly afterward, and the case progressed satisfactorily until the tenth day, when he was slightly delirious for twenty-four hours. After this he had no untoward symptoms, and was discharged, cured, the nineteenth day after the operation.

CASE VI.—*Fracture of Skull; Trephining; Recovery.* W. N., æt. 7. Was

struck on the head by two-thirds of a hard-baked brick, sustaining an extensive fracture of the occipital bone, over the posterior portion of the superior longitudinal sinus, and extending to portions over the right and left lateral sinuses. The lad was unconscious, and respiration was labored. Used the same conical rose drill and elevated as before described. Cut away the edge of the left side of occipital bone with rongeur, in order to liberate a large loose fragment. The wound was dressed with iodoform; cold applications to the head. No bad symptoms showed themselves, and fifteen days after the operation the little patient was sitting up.

CASE VII.—*Strangulated Inguinal Hernia*. J. M., æt. 27. While lifting in September, 1882, felt something give away in the left inguinal region. A swelling immediately formed about the size of a fist. This was easily reducible, and was not painful; never wore a truss. April 11, 1888, after a sudden strain, the swelling increased greatly in size, and became painful and irreducible. Dr. Babcock saw him, diagnosed strangulated hernia, and sent him to the Albany Hospital, April 14. He was operated upon,

cutting down over the left abdominal ring, and after dividing the peritoneum, found an immense omental hernia, strangulated and in part gangrenous; no loop of intestine was implicated. A Tait knot was affixed around the base of the omentum, and this cut off close to the external ring, the pedicle being returned to the abdominal cavity. Temperature 102°; colicky pains in the abdomen; ice-bag and irrigation used. All bad symptoms gradually disappeared, temperature slowly fell to 100°, and at this date (April 25) the patient was sitting up in bed, reading, and comfortable in every way.

This was the largest piece of omentum ever removed at the hospital, over one-half of the great omentum being involved.

CASE VIII.—*Fracture of Pelvis*. J. A. C., carpenter, æt. 48. While working upon a scaffold it gave away, and he was precipitated twenty-five feet, striking upon the crest of the ilium and breaking off a *large piece*. This piece could be lifted from its position. Movements of the hip perfectly normal. Broad strips of swansdown plaster were applied, and patient was wedged in bed by large sand-bags. At the present date (April 25) the patient is doing well.

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## THE SANITARY STATUS OF ALBANY.\*

By E. A. BARTLETT, M.D., ALBANY, N. Y.

(*Albany Medical College*, '79.)

### INSPECTION OF PLUMBING.

In looking over the field covered by the working of this committee, much that is encouraging may be noted. The question of efficient plumbing, ventilation and lighting in dwellings and public buildings has at last approached nearly to a solution, there having been at the

last session of the legislature a law passed regulating the work. Plumbers must register and furnish all plans of work to be done, for inspection by some person regularly appointed for that purpose. Such plans must be made to conform to certain regulations issued by a competent authority. Our local board of health has

\* Report of the Committee on Hygiene and the Relations of the Profession to the Public, read before the Medical Society of the County of Albany, at the annual meeting, Tuesday, October 10, 1888.

issued full instructions and appointed a practical plumber as inspector. We now look for an enforcement of the law, for it is one thing to have a law on the statute books and quite another thing to have it enforced in its true spirit. The plumbing in dwellings is an important item, whether looked at from a financial or a sanitary standpoint, and every physician ought to lend the aid of his professional influence to the proper enforcement of the new regulations.

#### HEATING AND VENTILATION IN THE SCHOOLS.

In the department of heating and ventilation we find conspicuous examples of the march of improvement in public schools No. 14 and No. 3. The former building, at one time a death-trap on account of the unsanitary conditions prevailing in and around it, has been quite remodeled as to its interior, and now takes first place so far as its system of ventilation is concerned. The principle upon which this is based, that of exhausting the foul air from the rooms and building, must ever lie at the bottom of correct ventilation. Efforts may be made and machinery constructed for forcing pure air, hot or cold, into an apartment, but without some means for extracting the foul air, very little benefit will accrue. On the other hand, exhaust the foul air and you have created the necessary condition for ingress of air. Provide now a source from which to obtain pure air of suitable temperature and you have a scientific combination. Arrangements for carrying out these principles without undue loss of heat or the creation of drafts constitute proper heat and ventilation. In this respect the building of which we have spoken is in marked contrast with the High School and the State Capitol, in both of which expensive but

very inefficient and unsanitary systems prevail.

While we accord the meed of praise to those who have been instrumental in bringing about so grand a result in No. 14, and congratulate officers, teachers and scholars upon its accomplishment, we cannot forbear offering a word of suggestive criticism as regards the ventilation of the space devoted to water-closets and urinals. In its present condition this is simply a failure, and it is such largely for the reason that the pipes designed to ventilate the space mentioned, and made, perhaps of sufficient size for this purpose, are compelled to do duty for the whole basement. A remedy for this might be found in enclosing the space not only at the side but overhead, and to shut it off from the rest of the basement. Some change in the water-closets, we are informed, is now meditated. A fault common to almost every public school in the city still remains in this one, and that is overcrowding. Most of the rooms are not large enough for the classes, but the arrangement of the rooms is so great an improvement on what it formerly was that we ought to speak nothing but praise.

School No. 3, a new building, is another evidence of the desire on the part of the board of education to furnish wholesome surroundings for school children. The board takes just pride in pointing to the lighting, heating and ventilation of this building. The Smeade-Ruttan system is employed, by which very large quantities of fresh, pure air are heated and forced into the rooms through registers placed in the wall about five feet from the floor, the outlets for the foul air being several in number and situated in the base-board at its junction with the floor. Each of these outlets



is connected with a flue which passes under the floor to a central air-shaft, at the bottom of which is a furnace in which a fire is kept summer and winter, thus insuring an upward current of air in the shaft. The building is also provided with the dry closet, in which rapid evaporation of the fluids deposited is the prominent feature. This evaporation is induced by the passage through the closet-vault of powerful currents of air, and the contents of the vault are quickly reduced to a dry cake or powder. The system here adopted of heating and ventilation has most excellent endorsement, but is likely to prove expensive, and, unless a fire is constantly kept in the furnace at the bottom of the ventilating shaft, must necessarily prove faulty, by reason of back-flowing currents of air. We are not indulging in captious criticism in thus pointing out what seem to be defects; on the contrary, we recognize the able efforts made to secure healthy school-houses for the children, and would encourage those making them. Such efforts can hardly be too earnest. To save the children from physical as well as from intellectual and moral degradation is to furnish the state with efficient conservators in the future.

#### STREET CLEANING A FARCE.

As regards our streets, we regret that no adequate measures have as yet been taken to render them clean and wholesome. The present system is a mere farce. The report to the Board of Health by our health officer upon his investigation of the plan of disposal of garbage by cremation suggests a means by which much of the unsightly and malodorous nuisance can be removed. If some arrangement could be made by which the petty criminals in our several police precincts should be put upon the streets to

clean them, we might have systematic cleansing, and at the same time a wholesome lesson could be imparted to those who get drunk or quarrel and are locked up.

#### THE LINES ADVANCED.

In taking our retrospect through the year that has passed, we find at almost every point the lines have been advanced, but that the resting time has not yet come is apparent from the fact that our city has suffered the infliction of 1,300 cases of zymotic and preventable diseases. The faithfulness with which physicians have reported cases of contagious and infectious diseases renders it much more easy to obtain statistics than it has been before. Your committee has searched the records of every day from September, 1887, to September, 1888, and tabulated certain facts. From these tables we learn that there have been recorded 151 cases of typhoid fever, 216 cases of scarlet fever, 104 cases of measles, and 269 cases of diphtheria; there have been 250 deaths from diarrhoeal diseases, of which over 50 per cent. were of children under five years of age; there have been over 300 deaths from consumption.

#### LOCALITIES FOR TYPHOID, ETC.

Not a ward in the city has been free from typhoid and scarlet fevers and diphtheria; the number of typhoid ranging from 1 case in the sixth ward to 22 cases in the twelfth ward; of scarlet fever from 1 in the seventh to 23 in the sixteenth; of diphtheria from 2 each in the third and sixth wards to 43 in the tenth ward. The wards having the highest aggregate of these three diseases are the tenth, in which there were 75 cases; the eleventh 78 cases; the seventeenth, 74 cases. Those having the smallest

aggregate are the third and fifth wards, in each of which there were 16 cases, and the sixth and seventh, with nine cases. The month of December, 1887, had the largest aggregate (122); September, 1887, had the smallest (16); February, 1888, had the greatest number of typhoid (26); December of scarlet fever (50) and diphtheria (52); September, 1888, came next, with typhoid (22), diphtheria (40).

#### THE TABULATION OF DAILY RECORDS.

An attempt was made to tabulate the thermometric, barometric and hygrometric records for each day of the year, with

a view to noting, if possible, the effect of each or of a combination of any two upon the healthfulness of this locality, but observations extending over so short a period as one year furnish very little information of value. Such observations for a series of years would doubtless furnish statistics of much worth.

Your committee desires to extend its thanks to Mr. Charles W. Cole, superintendent of schools, to Mr. Edward Long, secretary of the local Board of Health, and to Sergt. R. J. Boylan, of the United States signal service station in this city, for kind assistance furnished in obtaining material for this report.

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### ABSTRACT A.

**EXECUTIONS BY ELECTRICITY.**—At the recent meeting of the British Association, Mr. Preece adverted to this subject in the following terms: "We learn from the instructive and interesting advertising columns of our newspapers that 'electricity is life,' and we may perhaps read in the more historical portion of the same paper that, by a recent decision of the New York Parliament, 'electricity is death.' It is proposed to replace hanging by the more painless and sudden application of a powerful electrical charge; but those who have assisted at this hasty legislation would have done well to have assured themselves of the practical efficacy of the proposed process. I have seen the difficulty of killing even a rabbit with the most powerful induction coil ever made, and I know those who have escaped and recovered from the stroke of a lightning discharge.—*Sanitary Record, London.*

**A SIMPLE FILTER.**—Dr. F. A. Castle, of New York, thus describes in a letter to the *New York Medical Journal*, a simple and, as he claims, efficient filter: "For a long time I have used in my butler's pantry a simple contrivance for filtering water used on the table, which has been so serviceable, and at the same time so inexpensive, that I venture to recommend it. I

took an ordinary glass pharmaceutical percolator and packed the outlet with absorbent cotton so tightly that the water could only flow in drops. By means of a piece of copper wire for a bale it was suspended from a hook on the lower side of one of the pantry shelves, over the shelf of the sink. As often as necessary, water is poured into the percolator, and the water pitcher is placed under the outlet. Whenever the cotton shows much discoloration—a thing which is easily observed, owing to the percolator being of glass—the maid replaces it with fresh absorbent cotton. It is in all respects the most practical and cheapest filter I know of, and has no machinery to get out of order, no patent right to carry, and the advantage over most filters that the filtering medium is always under observation, so that there is little risk of contamination of the water by accumulation of filth."

**SKIMMED MILK IN DIABETES MELLITUS.**—In our analysis of the paper recently published by Dr. Austin Flint as to the treatment of diabetes mellitus, Dr. Flint was emphatic as to the harmfulness of milk in this disease. It is only fair that the other side of the question should likewise be introduced, since numerous physicians disagree with the statements of Dr.

Flint. Of course it can scarcely be claimed that milk is a specific for diabetes; in fact, such a remedy is yet to be found, and the dietetic treatment of diabetes is perhaps still the most efficient. In the *Medical News* for November 5, 1887, Professor James Tyson published an article on this subject which distinctly favors the use of milk in the treatment of diabetes. Dr. Tyson always commences treatment by the use of skimmed milk, and states that frequently he has found glucose entirely to disappear from the urine, and the quantity of the latter become normal within a week after instituting the skimmed-milk treatment, and this, too, in a case where the anti-diabetic diet had failed to produce any effect. Unfortunately, however, the reduction in the quantity of sugar is often not permanent. Skimmed milk is decidedly superior to unskimmed milk in this affection, though it is difficult to say why this should be the fact. It is perhaps possible, as suggested by Dr. Tyson, that Dr. Flint's unfavorable results with milk depended upon his using unskimmed milk, since, as Dr. Tyson says, it is quite inexplicable how any one who has tried the skimmed-milk diet at all should come to an unfavorable conclusion as to its value.—*Therapeutic Gazette*.

**MILK OBJECTIONABLE IN TYPHOID FEVER.**—Dr. J. C. Mullan reported a case of typhoid fever. The case proceeded favorably until upon the seventh day milk was given the patient. This was followed by a high temperature and a rapid pulse. Vomiting supervened, and the patient died upon the thirteenth day. The value of milk as a food in typhoid fever was then discussed.

Dr. Wood thought it a case in which milk was injurious, and he considered the feeding of milk a frequent mistake. Some patients have idiosyncrasies that make milk harmful. Again, it is a proper food late, but not early, in the disease. Good digestion of milk is often insured when whey or half milk and whey is given.

Dr. J. M. Batton thought the case a malignant one and its termination in no manner influenced by the milk administered. The temperature should have been controlled by cold baths instead of by quinine, as was done.

Dr. W. D. Kearns said beef tea is proper food when milk is rejected, and

that high temperature is not to be feared to the extent formerly believed. He never exhibited antipyretics in his practice, but stimulated the patient, giving quinine and carbonate of ammonia.

Dr. Stewart called attention to the utility of buttermilk where milk was rejected.

Dr. McCann thought as a rule typhoid fever is badly treated. The patient is over-medicated and over-fed. Milk, because of its decomposition in the intestinal canal, is not a safe food. During this process the poisonous animal alkaloids are formed, and they, acting through the nervous system, induce relapses, high temperatures and other unfavorable events. He uses antifebrin and sponge baths for high temperature, and prefers gruels, vegetable juices and beef tea to milk.—*Proceedings Allegheny Co., Pa., Medical Society, Aug. 21, 1888*.

**SALT IN MILK FOR CHILDREN.**—Dr. A. Jacobi (*Arch. of Ped.*) says that the addition of sodium chloride prevents the solid coagulation of milk by either rennet or gastric juice. The cow's milk ought never to be given without table salt, and the latter ought to be added to woman's milk when it behaves like cow's milk in regard to solid curdling and consequent indigestibility. Habitual constipation of children is influenced beneficially, since not only is the food made more digestible, but the alimentary secretions, both serous and glandular, are made more effective by its presence.—*Practice*.

**SLOYD.**—The Sloyd system, or manual instruction, as practiced throughout Scandinavia and thence spreading rapidly to other countries, has for its aim the development of the child. Like the Froebel system, it appeals to the active and constructive instincts, stimulates curiosity, arouses interest, calls into play the love of usefulness, and enlists the will on the side of work instead of against it.

It is an excellent system of gymnastics. It calls all the muscles into play and offers great variety of movement, so that no one set of muscles is unduly strained. It is also so arranged as to exercise both sides of the body. Planing, sawing, filing, etc., can be done with the left hand as well as with the right; thus both sides of the body are brought into play, a more harmonious growth attained, the danger of growing up



crooked averted, and the advantage gained of having two useful hands instead of one. No other kind of manual work as a school subject has ever combined such training of the hand to general dexterity, with due exercise of the whole body. At the same time it possesses that element as essential to physical as to mental growth—it gives pleasure.—*Evelyn Chapman, in Sanitary Record, London.*

**CALOMEL IN PNEUMONIA.**—Dr. James McManus, of Brooklyn, makes a strong plea for large doses of calomel in pneumonia. In the *Medical Record* for September 8 will be found his paper, based on sixty-two cases, of all ages and of both sexes, all of whom, except four, recovered promptly. His method is to give from thirty to sixty grains of calomel at the first dose, and claims that it will always bring down the pulse, temperature and respiration in from six to eighteen hours. If given after the first day of the disease, these good effects are not observed. If given at or near the crisis, it will do harm.—*Practice.*

**CALOMEL AS A DIURETIC IN CARDIAC DROPSY.**—By A. G. Auld, M.D. In no department of practical medicine have more brilliant results been achieved of late years than in that of cardiac therapeutics. This is partly owing to a more extended knowledge of more or less familiar drugs, and partly to the introduction of certain new ones of acknowledged excellence in their several spheres, of which the chief is strophanthus, the discovery of Professor Fraser. Within the past year or two, mercury, in the form of calomel, has specially engaged the attention of several observers. As a cholagogue purgative, indeed, notably in mitral stenosis with engorgement of the liver, its beneficial properties have been long recognized, while blue pill is well known to increase the efficacy of digitalis and squill. Nevertheless, the powerful diuretic properties of calomel seem to have been overlooked until quite recently, when the investigations of Jendrassik, Stiller, Mendelsohn, and others, directed attention to the subject. I have observed this action of the drug in causing a copious discharge of urine and dispelling anasarca; and it does not seem to be impeded by the complication of a certain amount of struc-

tural disease of the kidney. In two of the cases medium doses were employed till diuresis set in; in a third, in which the effect of mercury was known, a single dose of twelve grains was administered, which was quite as efficacious.

As to the mode in which calomel exerts the diuretic power, there seems to be some difficulty in determining. Mr. Locke, guided by the researches of Dr. Noël Paton, suggests that the diuresis is caused by an increased production of urea, consequent on the supposed hæmolytic action of mercury on the blood corpuscles. This view, however, is open to serious objection. It is no doubt true that urea acts naturally as a diuretic; but we find that those cases wherein the blood is loaded with urea are frequently just those in which the secretion of urine is diminished, but which, nevertheless, tends to increase after the administration of calomel. Also, if an increased secretion be the cause of the diuresis, we should expect such drugs as antimony and salicylic acid to be even more powerful as diuretics, as their exhibition is followed by a greater excretion of urea than in the case of calomel. Again, it could be hardly possible for a few doses of calomel to have such a hæmolytic action as that described, but rather the reverse; and, even granting that it had, the resulting anæmia would be accompanied rather by an increase than by a diminution of the dropsy.

In endeavoring to determine the *modus operandi* of calomel as a diuretic, its influence, if any, on the heart and blood-vessels may first be considered. In moderate doses it is found to have, after the manner of arsenic, a somewhat paralyzing action on the vaso-motor nerves corresponding to a slight fall in the blood pressure. It is evident, therefore, that its action in this wise may be eliminated from the causation. It may next be considered whether calomel may not exert a stimulant action on the secreting cells of the kidney, after the manner in which certain other drugs, such as caffeine, appear almost exclusively to cause diuresis, according to the experiments of Von Schroeder, Langgaard, and other observers. That it should do so is, I think, probable, though only to a certain extent, as it is stated to have but a slight diuretic effect in health. In addition to this, its influence on the composition of

the blood, in virtue of its alterative properties, has, doubtless, an important bearing on the phenomenon in question. In a few medicinal doses it causes an increased activity in the lymphatic system, and brings about the destruction of deleterious ingredients in the blood, with an improvement in its nutrition, and consequently renewed vigor in the kidneys.

It need hardly be mentioned that much discrimination is requisite in the employment of the drug, and trial should first be made of the effect of small doses. It is also useful to remember that mercury is best borne by dark-complexioned persons. In suitable cases it combines the advantages of a purgative and diuretic, without leaving injurious effects on the heart or kidneys. To whatever extent it may ultimately be found useful, it is pleasing to note meanwhile that attention has been drawn *de novo* to one of the best of those of the old remedies which, like bleeding, have fallen, it is to be feared, into an unmerited neglect, in a too eager desire to adopt the latest novelty or to follow a shifting fashion.—*Lancet*.

**DIGITALIS AND HOW TO USE IT.**—The indications for the use of digitalis in the treatment of affections of the heart are still far from clear, and as matters stand at present the practitioner has to proceed cautiously, taking for his guide the aphorism *a juvenilibus et ledentibus fit indicatio*. Digitalis is a double-edged weapon in therapeutics. With it we can calm or we can produce palpitation, and we can relieve or bring about asystole. For so powerful a drug to prove of benefit it is evidently necessary to be acquainted with the indications for, and the contra-indications of, its use, to know when it is likely to be of service and when hurtful, or at any rate useless, and to know, moreover, how to give it.

The first step in the inquiry would naturally be to ascertain the precise physiological action of the drug on the heart, but unfortunately observers differ very materially even on this apparently elementary point. According to Dr. Huchard, who recently published a very admirable monograph on the subject, the action of digitalis differs according to the animal experimented upon. In cold-blooded animals the drug always arrests the heart in systole, while warm-blooded animals it

stops sometimes in diastole and at others in systole. Very active as regards rabbits and guinea pigs, birds are almost proof against its effects. It not only differs as between one animal and another, but experience proves that it is unsafe to infer from its action on the healthy, the effect that it is likely to produce in disease, nay more, that its effects vary greatly according to the nature and period of the disease and the extent of the cardiac lesions. A patient with pneumonia is extremely sensitive to the influence of digitalis, while confirmed inebriates are enabled to resist enormous doses, in the latter case probably because the process of assimilation is slowed and the patient is in a condition of "therapeutic ataxia." Individuals with diseased arteries and the aged bear digitalis badly, as do patients in the earlier stages of interstitial nephritis.

It has been stated that digitalis does not produce the same effects on the healthy as on the subject of disease, in the first stage of cardiac disease as in the third. Take, for example, a patient with aortic disease in which the lesion is fully compensated. If he be given digitalis, and the pulse-rate be slightly reduced, some slight diuresis may be produced, and the heart will be excited rather than calmed. When the same patient has arrived at the hypersystolic period, the heart-beat being feeble, irregular, and unequal, then the drug which at the earlier stage produced hardly any appreciable effect will determine a copious secretion of urine, with a slower, stronger, and more regular beat. It is evidently unjust to consider digitalis as always a calmative of the heart, nor is it, as Beau suggests, "the quinine of the heart," for it may prove to be neither one nor the other. What it does is to regulate the circulation as a whole.

Although accidents due to the employment of digitalis are by no means common, the possibility of their occurrence should be borne in mind. It may be well to remark, *en passant*, that drugs possessing a cumulative action should be given preferably in a liquid form, so as to avoid an accumulation of doses as well as of effect. Digitalism, it should be noted, rarely supervenes in dropsical patients, so long as any œdema remains. If, however, the drug be continued after the disappearance of the infiltration, the symptoms are

produced with far greater ease. The first indications of saturation are effects quite opposite to those which follow the exhibition of the drug therapeutically, viz., acceleration with irregularity of the heart-beat and lowering of arterial tension, a proof that digitalis, which relieves asystole, may, under certain circumstances, give rise to it. Many of the symptoms are very liable to be ascribed to the malady instead of to the drug, such, for example, as hallucinations, somnolence, delirium, vertigo, interference with sight, diplopia, headache, precordial anxiety, etc. Vomiting is comparatively frequent, with epigastric pain and diarrhœa. All these untoward effects, however, may be avoided by prescribing the drug according to the rules which have been laid down.

As a general rule, digitalis is contra-indicated in *all* valvular affections, whatever their nature, when these are sufficiently or over-compensated. It is *indicated* in all valvular affections where compensation has not been established. In short, digitalis is the remedy for asystole, and not for this or that valvular affection. The diagnosis of the particular valves involved has but little importance in so far as the indication for digitalis is concerned, nor does the loudness of the bruit afford any information of value either in respect of the severity of the lesion or of the need for digitalis. In short, it is the condition of the cardiac muscle, its enfeeblement, as evidenced by clinical observation, which should be held to justify its use.—*Medical Press and Circular, London, Sept. 5.*

**THE TREATMENT OF SLEEPLESSNESS.**—A sufferer from this uncomfortable symptom has found the following to be an effectual remedy in his own case: After taking a deep inspiration he holds his breath till discomfort is felt, then repeats the process a second and a third time. As a rule, this is enough to produce sleep. A slight degree of asphyxia is thus relied on as a soporific agent, but the theoretical correctness of this method is somewhat open to question. Certainly there is proof that the daily expenditure of oxygen is most active during the waking period, and that nightly sleep appears to coincide with a period of deficient tissue oxygenation. It is at least as probable, however, that other influences are associated with

the production and timely recurrence of sleep besides that just referred to. This plan, moreover, however effectual and beneficial in the case of its author, is not without its disadvantages. The tendency of deficient oxygenation is to increase blood-pressure and to slow the heart's action. With a normal organ, as an occasional occurrence, this might not be of much consequence. If, however, the impeded heart should also be enfeebled by disease, the experiment might be repeated once too often.—*Lancet.*

**ŒSOPHAGEAL STRICTURE.**—By E. T. Painter, M.D., Pittsburgh, Pa. As drugs, massage, the passage of a flexible tube, and the Faradic current had failed to accomplish any good results, six to ten cells of a galvanic chloride of silver battery were used, placing a sponge electrode joined to the negative pole in one hand, and an œsophageal electrode connected with the positive pole within the constricting ring. This electrode consisted of an ovoid shell, seven-sixteenths of an inch by three-fourths of an inch, of perforated hard rubber, which could be unscrewed in the middle, and had sufficient space within for absorbent cotton which came in contact with a small expanse of platinum, and that in turn was united by an insulated wire to battery.

The battery used gives a current absolutely constant in character, and a water rheostat served to differentiate the strength of the current. Applications were made three times a week for a few weeks, then twice a week, each treatment lasting from six to twelve minutes.

After each treatment the patient placed herself in a recumbent position for a half hour. At the fourteenth visit the electrode was passed through and beyond the point of stricture without the knowledge of the patient, nor did I feel any sensation of opposition. At dinner, after the fifteenth application, the patient ate meat and bread and butter.

After three months and twenty-five applications, the contracting ring persists, but its irritability has disappeared. The patient eats, without regurgitation, of what others at the table partake, restricting herself in only one item of food—meat, which is cut fine for her. She drinks water and milk freely.—*Extract from Paper read at Allegheny Co. Society.*



**A NEW METHOD OF EXTENSION IN HIP-JOINT DISEASE.**—By A. H. Tubby, B.S. Lond., F.R.C.S. Eng. The objects aimed at in applying extension in disease of the hip-joint, whether by means of weights or splints of various descriptions, may be briefly summed up thus: Firstly, the necessity of obtaining complete rest of the affected part, not only in the sense of freedom from movement, but also the prevention of that reciprocal irritation which ensues when diseased surfaces are in contact, in this particular instance inducing very severe pain and muscular spasm; and, secondly, when the inflammation subsides, to ensure as little resulting deformity of the spine, pelvis and limb as possible. Many methods have been and are employed, but some of them are not simple and efficient, and others are open to grave objections. The plan which I venture to suggest fulfils all the requirements of early treatment, and is very simple in its application.

It is now generally agreed that to apply weight extension to the limb, regardless of its position, is not only useless but often mischievous. The reason is not far to seek. If, in the stage of abduction and flexion, a weight be simply applied to the leg by means of a stirrup, a part of the force acts along the line of the tibia, and not that of the femur, and so is of little practical value, while the remainder, which is in the direction of the upper part of the limb, tends to produce negative rather than positive results. We have to deal with an apparently extended thigh, but in reality there is flexion compensated by lordosis of the lumbar spine. Any force, then, which tends to bring the thigh in contact with the bed, without diminishing the lordosis, increases the tension of the anterior muscles of the thigh, and of the inflamed anterior ligaments of the capsule of the joint, upon which, as a fulcrum (to quote Mr. Barker's words) "the leverage of the femur will still further force the head into the acetabulum, and bring the diseased surfaces into closer contact."

Mr. Howard Marsh's plan in the stage of rigidity and pain is to raise the limb until all lordosis has disappeared, and thus, having ascertained its true position, to place it on an inclined plane the angle of which corresponds with that of the

thigh, and then to apply weight extension. By using a sufficiently broad surface the limb can be accommodated in almost any degree of abduction or adduction. When all the muscular spasm has subsided, the limb is placed horizontally on the bed, and extension still maintained. But this method takes no cognizance of the accompanying lateral curvature of the spine, nor does it secure as much separation of the joint surface as possible. We know that in abduction the affected side of the pelvis is tilted downwards, and there is a lateral curvature of the lumbar spine with the concavity looking towards the sound side. By the application of one weight only the pelvis is still further tilted and the curvature increased.

The method which I have seen employed by Professor von Volkmann at Halle is the following. In abduction a weight is applied to each leg, but the *heavier* weight is on the *sound* side. What is the result of this? There is still extension on the diseased side as before, but there is another force acting on the pelvis from the sound side. This latter force, in the first place, tends to render the pelvis horizontal, and, acting lever-like with the lumbosacral articulation as a fulcrum, not only corrects the tilting, but also separates more thoroughly the diseased surfaces, and still further ensures a normal spinal curve when cure takes place. This happens more frequently without operation than we are led to suppose in general hospitals, and this statement is verified by the statistics of Mr. Howard Marsh. But Professor von Volkmann's plan is not applicable if flexion and abduction be present, but only when the former has disappeared.

I would suggest, then, that if we have to deal with a diseased hip, with much muscular spasm and excessive pain, a combination of the two methods should be employed—viz., to place the affected part on an inclined plane of such an angle that the lumbar spine is in complete contact with the bed, and then to apply a weight to each limb, but that on the sound side should be three or four pounds heavier than that on the diseased side. In the condition of abduction only, Professor von Volkmann's plan fulfils all requirements; and in adduction, with the pelvis tilted upwards on that side, one weight

only is needed to compensate the deformity. Weights can be readily extemporized from calico bags filled with shot.—*The Lancet*.

**WIRING THE PATELLA.**—By Dr. J. J. Buchanan, Pittsburgh, Pa. A German laborer was struck on the knee by a three hundred pound box, at about midday, June 30. He continued to do laboring work the rest of the day, but next day could not stand.

On the eleventh day, under the same antiseptic precautions as for laparotomy, a transverse incision was made to the full extent of the rent in the capsule. The lower fragment was not larger than a chestnut. The capsule was much lacerated, and a number of narrow shreds hung into the joint; the joint contained a great deal of clotted blood and bloody fluid. The joint was thoroughly washed out, and all loose pieces and ragged ends and edges of capsule were cut away with scissors. The fractured surfaces were refreshed by the vigorous use of a curette. With a dental engine a single hole was drilled through each fragment, the drill entering about three-eighths of an inch from the line of fracture, and emerging at the cartilaginous border of the fractured surface.

A silver wire of No. 24 gauge was passed. An incision was made into the lower part of the joint on the outside of the limb and a rubber drain inserted, the inner extremity barely entering the joint. The silver wire was then twisted firmly, which brought the fragments into place, and the ends of the wire turned down between the edges of the apposed fragments. The capsule was closely united over the whole length of the rupture with the continuous catgut suture.

Interrupted silkworm-gut stitches were used for the soft parts down to the capsule. Sublimated dressings and a posterior splint completed the work. At the expiration of the third day the drain was exposed and withdrawn. The primary dressing was removed at the end of a week, when the wound of the soft parts was found to be soundly healed, and the skin stitches were all taken out. The progress of the case was aseptic and of course absolutely devoid of pain and discomfort.

At the end of four weeks the patient was allowed out of bed, and at the end of five and a half weeks all dressings were removed and he was allowed to walk upon the limb with the aid of crutches. At the end of six and a half weeks he was permitted to rely on a cane, without any support to the limb. When last examined, palpation of the patella gave no evidence of its ever having been fractured. The range of motion is not yet great, but is rapidly increasing.

This operation, when it succeeds, as it usually does, is said to leave the patient with bony union and with a freely movable joint. It certainly is the most speedy and least troublesome of all methods of treatment. As our methods of securing asepsis of operative wounds become more certain and our skill in applying them increases, so will the patella suture become better established. In the present condition of the science the mortality of this operation is slight, but it still exists. The advisability of the operation in any particular case should depend upon the wishes of the patient and the skill of the operator in securing asepsis.

If the patient is unwilling or his attendant lacks the technical skill for rigid antiseptics, the operation should not be thought of. On these points Dr. Frank W. Rockwell, of Brooklyn, says: \* \* \* "Give the patient the benefit of deciding, and in event of his selecting the operation, do it at the earliest proper time, if capable of performing a thoroughly aseptic operation.

To the same effect has Dr. Lewis S. Pilcher, also of Brooklyn, expressed himself: "The whole principle of exposing the patella and refreshing the fragments and bringing them together is the outgrowth of the antiseptic principle, and to a very considerable extent it may be considered one of the most difficult achievements of antiseptic work. A surgeon who has become a master of the practice of antiseptics, as well as the principles, and who is able to control with certainty the conditions which surround his patient, would be justified in opening the knee-joint in a recent case of fracture of the patella and bringing the fragments together; but I doubt very much whether, excepting under such circumstances, it would be justifiable."—*Proceedings Allegheny Co., Pa., Medical Society, Aug. 21.*

# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE  
*ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.*

Editorial Committee:

LORENZO HALE, M.D.,

A. VANDER VEER, M.D.,

F. C. CURTIS, M.D.

VOL. IX.—No. 10.

OCTOBER, 1888.

\$1.00 A YEAR.

## YELLOW FEVER MICROBE.

*The Southern Medical Record*, Atlanta, Ga., for September, publishes a letter addressed to Dr. J. McF. Gaston, of Atlanta, by Dr. Domingos Freire, of Rio Janeiro, in regard to the report of Dr. Sternberg, who was sent to Brazil by the United States Government to inquire into the alleged discovery of the yellow-fever microbe.

Some remarks by Dr. Gaston are appended, in which he says:

In view of the grave consequences resulting from the prevalence of yellow fever at Jacksonville, and the presumption raised in favor of the prevention or mitigation of this disease by inoculation with the attenuated virus, the occasion warrants an experiment in its application, which has been proved by a resort to its introduction in more than seven thousand subjects in Rio de Janeiro to be free from any risk to the life or health of the individual.

Dr. H. M. Lane, a former resident of Carthage, Mo., whose report has appeared in the medical journals of this country, gives the result of his own inoculation with the attenuated virus of the yellow fever during his sojourn in Rio de Janeiro two years ago, indicating not only its freedom from any great disturbance of the vital functions, but its efficacy in securing the subject against an attack of the disease afterwards. \* \*

The subject is too vast and too important to be disposed of in a few words, and I can only say that my opportunities for judging of the merits of this measure are of a nature that nothing short of an actual test of its efficacy, under the observation of competent observers, should satisfy the people of this country.

At the recent meeting of the Congress of American Physicians and Surgeons in Washington, Dr. George M. Sternberg was very emphatic in his statement that he had not discovered the microbe of yellow fever.

Later: Dr. Sternberg has been relieved from duty as member of the Examining Board of New York, and been detailed by the government to investigate the yellow fever now prevailing at Decatur, Ala.

THE CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS held its first session in Washington, September 18, 19 and 20, according to notice published in our last number.

It was voted that no association which had not held at least two annual meetings should be admitted. The American Gynecological finally accepted the invitation of the organizers, and was received into the Congress.

As a gathering of representative and eminent men, and in scientific results as indicated by the presentation of important papers, this initial meeting was a highly gratifying success.

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It gives us pleasure to announce that a full tabulated report of thirty cases of intubation of the larynx, with ten recoveries, or thirty-three per cent., by Dr. William Hailes, Jr., is promised for our next number.



## BOOK NOTICES.

**THERAPEUTICS: ITS PRINCIPLES AND PRACTICE.** By H. C. Wood, M.D., LL.D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania. Seventh edition, rearranged, rewritten and enlarged. 908 large octavo pages, cloth, \$6 00. Philadelphia: J. B. Lippincott Company. London: 10 Henrietta street.

"A work on medical agencies, drugs and poisons, with especial reference to the relations between physiology and clinical medicine."

"The speedy exhaustion of successive editions of this treatise upon therapeutics has not only stimulated its author to render it worthy of the kind judgment and continued favor of his co-laborers, but has also made it possible for him at short intervals to incorporate in it the recent researches in what is probably the most active branch of medical science.

"Comparatively few persons have a full conception of the rapid progress of therapeutics and of the amount of labor involved in keeping up with this forward movement. Scarcely three years have elapsed since the appearance of the sixth edition, yet the preparation of the present volume has necessitated a careful study by its author of nearly six hundred memoirs. There has been during the last decade a special growth in the appreciation by the medical profession of the value of remedial measures other than the administration of drugs.

"In preceding editions of this book the demand for this sort of knowledge was in part met by a discussion of the application of the various forces of nature to the relief of human ailments.

"In the present volume this formerly second portion of the book has been made the first, and its scope has been much extended, so as to take into consideration,

besides various miscellaneous remedial measures, massage, metallo-therapy, the feeding of the sick, and the dietetic and general treatment of underlying bodily constitutional states or diatheses, such as exhaustion, obesity, and lithiasis."

All the new drugs have been carefully considered, while many articles upon older drugs have been completely rewritten.

Notwithstanding constant effort at condensation, nearly two hundred pages of new matter have been added to the book.

By the use of italics, or by a summary given in a distinct paragraph, the attempt has been made to point out to the student what is essential in our knowledge of the physiological action of drugs.

"In no previous edition have the amount of change and the thoroughness of revision been so great, and the author believes that, as a guide to the treatment of disease, the book is much superior to its former self."

**DISEASES OF THE EYE, INCLUDING REFRACTION AND OPERATIONS.** By L. Webster Fox, M.D., and George M. Gould, M.D. Quiz Compend. Second edition, enlarged, 71 illustrations, cloth, \$1 00. P. Blakiston, Son & Co., Philadelphia.

An admirable and thorough compend. An appendix of formulæ and an index add to its value. These convenient compends have become very popular.

**THE THEORY AND PRACTICE OF THE OPHTHALMOSCOPE.** By J. Herbert Claiborne, Jr., M.D., Instructor in Ophthalmology in the New York Polyclinic. "Physicians' Leisure Library." Paper, 77 pages, 25 cents. George S. Davis, publisher, Detroit, Mich.

The book is well illustrated and clearly printed. Instruction is given in that compact yet lucid form which is especially prized by students.

**DISEASES OF THE LIVER.** By Prof. Du-jardin-Beaumetz, Member of Academy of Medicine, etc.; Editor of the Bulletin Général de Thérapeutique, Paris. Translated from the fifth French edition by E. P. Hurd, M.D., Newburyport, Mass. 185 pages, paper, 25 cents; cloth, 50 cents. The Physicians' Leisure Library. Issued monthly, \$2.50 a year. This is a fragment of Volume II. of the "Leçons de Clinique Thérapeutique."

The original volumes met with great success in France, and have been mostly translated into English; the rest will probably soon appear in this series of the "Physicians' Leisure Library."

This volume on the liver is of a highly practical character, and contains much of value in regard to recent remedies and modern views.

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## MEDICAL NEWS.

### MEDICAL SOCIETY OF THE COUNTY OF ALBANY—THE EIGHTY-SECOND ANNUAL MEETING.

President Franklin Townsend, M.D., called to order the eighty-second annual meeting of the Medical Society of the County of Albany, at Alumni Hall, Albany Medical College, on Tuesday, October 9, 1888, at 3 P. M.

Reports were received from the treasurer, Dr. J. V. Hennessy, from Dr. R. H. Sabin, of West Troy, as chairman of the committee on registration, and from Dr. E. A. Bartlett, chairman of committee on hygiene and the relations of the profession to the public [see page 281].

Dr. T. F. C. Van Allen read a short biographical sketch of the late Dr. B. B. Fredenburgh, who at the time of his death was the oldest member in the society, and, on motion, Drs. Freeman, Vander Veer and Van Slyke were appointed a committee to report a suitable minute on the death of Dr. Fredenburgh. Drs. Curtis and Stillman were appointed a committee to investigate the history of Albany's first hospital.

Drs. Townsend, Van Allen and Bendell were appointed a committee to revise the by-laws.

The following officers were elected: President, Dr. D. H. Cook, Albany; vice-president, Dr. D. W. Houston, Cohoes; secretary, Dr. W. O. Stillman, Albany;

treasurer, Dr. J. V. Hennessy, Albany; censors, Drs. Franklin Townsend, T. F. C. Van Allen, F. C. Curtis, F. R. Greene and Joseph D. Craig.

President Franklin Townsend delivered the annual address, as follows:

*Mr. President and Gentlemen of the Society:*

It is not my intention to detain you long to-day by what we are pleased to term a "President's Annual Address." On the contrary, it is my desire to simply make a few remarks, which can scarcely deserve the more dignified appellation of "address," upon the work the society has done during the past year, and to urge upon all the members the *imperative* necessity for hearty co-operation, as well as lively interest in the scientific advancement of *this*, the *oldest* county medical society in the state of New York.

In reviewing the history and good work accomplished by the society during the past twelve months, I have been greatly aided by a little *brochure*, courteously and kindly prepared for me by our secretary, Dr. T. F. C. Van Allen, a work which, though unpretentious in itself, bears the meritorious stamp of precision and thoroughness so characteristic of its compiler. Indeed, I may well say of this gentleman that *all* his arduous work as secretary has been carried out "to the letter," and that he may well realize with a keen sense of pride the just appreciation of this society, as well as that of its president personally, for the immense amount of labor he has so thoroughly and conscientiously accomplished.

From the date of our last annual meeting, which was held on October 11, 1887, up to the present time, there have been added to the list of members nine new names. Four of our old members have removed from the county during the same time, while, most unfortunately, we are

compelled to recall the loss of three of our number by the cruel hand of death—Drs. Jephtha R. Boulware, Thomas D. Worden and B. B. Fredenburgh.

During the whole active working year, that is, as you are aware, a period of six months, there have been eleven regular intervening meetings of the society, at which time many interesting and instructive papers have been presented and more or less thoroughly discussed. There should have been twelve meetings of this character, but, unfortunately, the seventh, though thoroughly prepared for and called on February 1, met with so small attendance as not to constitute a quorum, and, though greatly regretted, of necessity had to be put off another two weeks. With this one exception, as will be seen, the attendance at the various meetings has been what is termed the average, and in some instances the number of members present greatly exceeded our most sanguine expectations. At the first meeting there were 33 present; at the second, 21; at the third, 40; at the fourth, 91, an unprecedented number, no doubt, but partially accounted for in that the election of four delegates to the New York State Medical Society was to take place; at the fifth meeting there were 17 in attendance; at the sixth, 10; at the seventh, no quorum, there being but 5 present; at the postponed seventh 19 present; at the eighth, 14; at the ninth, 13; at the tenth, 10; at the eleventh, 20.

The semi-annual meeting was largely attended, and those present were amply repaid by listening to the admirable address of the society's vice-president, Dr. J. H. Mitchell, on "Our Duties to the Society."

Three special meetings were from necessity held during the past year. The first was called on October 17, to take appropriate action on the death of Dr. J. R. Boulware, at which time a committee was appointed, which reported at the first regular intervening meeting. The attendance at this meeting was large, there being thirty-one present. The second special meeting was called February 1, 1888, for the purpose of electing a treasurer of the society to fill the vacancy created by the resignation of Dr. S. A. Russell, and, there being but five members present, it was postponed until February 15, 1888, a special call being again issued. Dr. J. V. Hennessy was then unanimously elected to fill that position.

With regard to the admirable work accomplished by many of the members at the different regular intervening meetings, I can only speak in words of highest praise. The papers read were all of such a character as to reflect upon

their authors the greatest credit, not to speak of the discussions following, which were not only commendable for the interest displayed by those members taking part in them, but also for the actual good scientific knowledge and sense expressed; and I take the greatest pleasure in this opportunity of returning the thanks of this society to those gentlemen who contributed so much toward its advancement and prosperity. The subjects selected were not trite and consequently not lacking in interest for the members, and the thoroughness and care in their preparation was such as to cause just and general commendation, and therefore in many instances the more it is to be regretted that occasionally so small a portion of the society were present. But, fortunately, the records of the transactions of the meetings have been so thoroughly kept by the secretary that our ALBANY MEDICAL ANNALS can always be referred to for both papers and their discussions in full.

At the opening session a most noteworthy discussion on "Intestinal Obstruction," a subject introduced in Dr. S. R. Morrow's vice president's address took place, as well as the reading of a paper by Dr. Lewis Baleh, on "The Relation of the Physician to the Board of Health and to the Health Laws."

At our second meeting, after discussing the advisability of adopting the report of the committee upon the organization of a reading-room—Dr. S. A. Russell read a paper on "Lacerations of the Perineum in Childbirth."

At the third meeting, after listening to the report of the editorial committee of the ALBANY MEDICAL ANNALS, Dr. Albert Vander Veer reported the following cases, accompanied by most interesting pathological specimens: "Pistol Wound of the Kidney," "Stone of Kidney," "Exploration of Kidney for Supposed Abscess," "Removal of Kidney for Large Cyst."

The fourth meeting opened by the presentation of a paper by Dr. Henry Hun, on "A Case of Tetany." In this instance the patient was brought before the members for observation and clinical study. A paper was also read by Dr. William Hailes, on "Intubation of the Larynx," with a report of six cases where this operation had been performed by himself. The meeting finally adjourned, after electing four delegates to the New York State Medical Society.

After a "Report of Unusual Cases of Vesico-Vaginal Fistulae, Recto Vaginal Fistulae, Vaginal Sinuses from Previous Pelvic Cellulitis, with Operations for their Cure," by Dr. H. S. Paine, as well as an instructive paper by Dr. L. E. Blair,



on "The Dangers of Hemorrhage after Tonsillectomy," the fifth meeting came to a close.

On January 11 the sixth meeting convened, when the society was treated to a paper by Dr. T. F. C. Van Allen, on "Unusual Cases of Reflex Supra-Orbital Neuralgia."

The seventh found the subject of "Opaque Retinal Nerve Fibres, with an Instructive Case," before the society for consideration and discussion, as presented by Dr. C. M. Culver, after which Dr. James P. Boyd regaled the members by showing and demonstrating pathological specimens of a fetus papyraceous, the heart and lungs of an infant showing the effects of pericarditis and pleuritis, also sarcoma uteri, as well as sloughing fibroid of the cervix uteri simulating sarcoma.

At the eighth meeting Prof. W. P. Mason, of the Troy Polytechnic Institute, read a paper of great scientific value, on "Fatal Poisoning by Carbon Monoxide." This was followed by a dissertation upon "Cheyne Stokes Respiration," with a report of three cases, by Dr. W. O. Stillman.

"A Case of Intestinal Obstruction by a Large Enterolith," by Dr. T. K. Perry, occupied the members of the society at its ninth meeting, while the tenth was made most interesting and instructive by an able paper read by Dr. H. Bendell, on "Paralytic Deafness."

The eleventh and last regular meeting of the year was held April 25, when Dr. William Hailes gave to the society, in quite an elaborate paper, his experience during "A Month's Surgical Service at the Albany Hospital," during which time oesophagotomy had been performed by him, five fractures of the skull had been successfully trephined, strangulated hernia operated upon, with a case of fracture of the pelvis to treat—an acute service indeed.

I trust I have not wearied you, gentlemen, in thus giving you a retrospective glance into the work done by the society, and I feel that you cannot but agree with me in the opinion that but little time has been wasted, and much of real worth accomplished. At the same time, I am not unmindful that much more can and should be done by the members to enhance the interest and strength of our institution; and, as I have elsewhere remarked, this may only be realized by strong co-operative methods. Internal strife, caused by feelings of petty jealousies and antipathies, should be absolutely stamped out. We should work harmoniously as a unit with an end in view, are we to become elevated to the stand-

ing we all so highly prize and covet. What has been done in the past, though meritorious and commendable, is not sufficient reason that our future should not far surpass all previous effort. Ours is the only society existing at present in our county. No divisions now are extant, and an opportunity thus presents itself to us wherein our ambitious pride can well and amply be gratified. Let loyal co-operation and ambitious interest for our old society then, be our highest aim.

And, now, before retiring, there are a few suggestions I would like to make, which, I think, if carried out, will prove of benefit to the society. First of all, I would recommend the appointment of a committee to consider the appropriateness of remodelling our by-laws, which to many of us seem in places defective or wanting; that said committee report as soon as possible, and that action be taken by the society upon this important subject with greatest possible alacrity.

Again, I am firmly convinced that greater interest would be displayed on the part of the members in our scientific work if occasionally subjects for discussion were suggested two weeks ahead, and members appointed by the chair to take active part in the discussion, and after they had finished, the subject might then be open for general discussion by the society as a whole. In this manner any one subject would become thoroughly analyzed, and, no doubt, such discussions would prove of greatest benefit to us all.

With these reflections, gentlemen, I bid you farewell, again thanking you for the honor so kindly bestowed upon me one year ago in electing me to the exalted position of president, and from which I am now about to retire. May success and great prosperity attend the future of the society, and may she, as in the past, stand second to none in all scientific medical achievements and rank, her motto being always, *Vestigia nulla retrorsum*.

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THE class of '91, Albany Medical College, has elected these officers: President, S. LeFevre, Albany; vice-president, H. Grant, Albany; secretary, Joseph Droogan, Albany; treasurer, William Pennington, Troy. The president will appoint the executive board, and the remaining officers will be elected at a future meeting of the class.

THE senior class, Albany College of Pharmacy, has elected: President, C. C. Watkins, Jr., Woodstock, Vt.; vice-president, W. L. Bradt, Albany; secretary, C. H. Van Buren, Albany; treasurer, R. B. Lamb, Lansingburgh; valedictorian, George B. Grady, Green Island; commit-

tee on address, C. P. Callen, W. L. Bradt A. Sautter.

OBSTETRICS AND GYNECOLOGY.—Wanted, text-books, transactions and journals on the above subjects. Will give other medical literature in exchange. Address Dr. E. S. McKee, 57 W. 7th street, Cincinnati.

### PERSONALS.

—Dr. C. M. Culver ('81), who was seriously injured by a runaway horse last summer, has so far recovered as to be able to sail for Europe on the steamer "Egypt," October 4.

—Dr. William Brinsmade Sabin ('82) was married on Wednesday, October 3, to Miss Emma Louise Dixon, daughter of George Dixon, merchant tailor, at the residence of the latter, 1805 Poplar street, Philadelphia. The bride received a large number of handsome and costly presents, among them being a cheque for five hundred dollars, presented by the groom's father, Dr. R. H. Sabin. After a reception in the evening, the couple left for a two weeks' tour to Washington and other places. They will give two "at homes" October 17 and 24, at the groom's residence, 1425 Broadway, West Troy.

—Dr. Willis G. Macdonald ('87) has completed his service of a year and a half in the Albany Hospital, and has opened his office at No. 76 Hudson avenue, Albany.

—Dr. James E. Sadlier ('87) is promoted to the post of resident physician and surgeon of the Albany Hospital.

—Dr. Myron E. Stephens ('88) is promoted to the office of senior assistant resident physician at the Albany Hospital.

—Dr. George Emory Lochner ('88) has begun duty at the Albany Hospital as junior assistant resident physician.

—Dr. Robert M. Andrews ('88) is settled in Fort Hunter, Montgomery county, N. Y.

—Dr. Robert F. Macfarlane ('88) has been in attendance at the recent meeting of the British Medical Association, in Glasgow, Scotland, and is elected a member. He is now enjoying a tour of the continent in Europe, and is expecting to occupy one year in medical study in Germany.

—Dr. Fred M. Barney ('88) is in practice with his father at Dolgeville, Herkimer county, N. Y.

—Dr. John Wesley Quinlan ('88) is married and settled in West Troy, N. Y.

—Dr. Frank Townsend Stannard ('88), Eagle Mills, Rensselaer county, N. Y.

—Dr. Rudolph Bestle ('88), Troy, N. Y.

—Dr. J. A. S. Grant Bey, Cairo, Egypt, has again been honored, as the following letter shows, and has accepted fellowship in the Society of Science, Letters and Art of London:

SOCIETY OF SCIENCE, LETTERS AND ART  
OF LONDON,

ADDISON HOUSE, LONDON, *August*, 1888.

*Dr. Grant-Bey:*

Dear Sir—I have much pleasure in inviting you to become a Fellow of the Society of Science, Letters and Art of London. The Council consider you likely to be a useful and valuable member, and will therefore be most happy to receive you. The official forms are enclosed ready for you to fill in, and, if returned at once, you can be admitted on the list of founders.

Should you decide to take an active interest in the Society, kindly intimate the same, and seek the co-operation of your eligible friends and acquaintances,

I am, Dear Sir,

Yours faithfully,

HENRY V. GOOLD, *Bart., Presl.*

# ALBANY MEDICAL ANNALS.

VOL. IX.

NOVEMBER. 1888.

No. 11.

## THE RELATION OF DRINKING WATER TO SOME INFECTIOUS DISEASES.

BY THEOBALD SMITH, M.D., WASHINGTON, D. C.

(*Albany Medical College, '83.*)

[*For Albany Medical Annals.*]

In discussing problems of public health, the student of hygiene may have to face two classes of readers. One class consists of those who are timid and nervous about most questions concerning health, and who are easily alarmed by any disclosures which reveal possible dangers in their habits of life and environment. Another class, representing the other extreme, encouraged by the fact that nothing serious has happened thus far under prevailing conditions, display an assurance amounting to indifference and even gross negligence. The investigator is looked upon by such as an alarmist, who substitutes theory for experience, and who sounds the tocsin at the approach of spectres, the creatures of his own imagination. But the advances made and the means suggested for the protection of human life should not be looked at from either of these standpoints. They can, at best, proceed but slowly, and if they succeed in saving only a few lives each year from premature death, the compensation for labor and outlay is ample enough. It is from this middle point of view that the following remarks are made.

The immense but still infantile strides which have been made within the last

eight or ten years in the field of infectious or communicable diseases have demonstrated that a considerable number of such maladies are directly due to the invasion of the body by specific bacteria. Quite naturally it became necessary to examine our surroundings in order to learn whether any of these micro-parasites may be found among the numberless harmless bacteria that live in the water and the soil, on the surface of the body, in the mouth and the digestive tract of man and animals. In general the results of numerous patient unbiased observations have thus far proved negative. Disease germs do not exist in our environment in numbers sufficient to be detected by the methods of bacteriological research. The few that are constantly present in the soil, and which are presumably the agents producing certain forms of supuration, septicæmia and tetanus, are little to be feared, excepting by the surgeon during operations, judging from the comparative infrequency of these diseases. On the other hand, typhoid fever germs have been found a number of times, within recent years, by carefully searching suspected drinking water *during and immediately after epidemics*. Koch found during his researches in Calcutta, in 1884,



cholera spirilla in the water of a tank which was, at that time, the centre of a localized cholera epidemic.

The scrupulous care which we exercise in the selection and preparation of our food contrasts strongly with the indifference which is exhibited with regard to the water we drink. Many of our large cities are supplied with river water which not only represents mere surface drainage, but also the diluted sewage of large communities and the refuse of manufactories. We do not hesitate to consume this in its rawest state, though we have learnt to apply heat to most other foods, not merely as a preliminary aid to digestion, but also to destroy any deleterious matter which may be attached to or incorporated with them. It has now become generally accepted among authorities in hygiene, that water containing a large number of bacteria should not be used as a beverage unless previously boiled or filtered. The bacteria are evidence that the water represents surface drainage, or filters through a very porous soil more or less impregnated with organic matter and living bacteria. These, it is now known, live in the largest numbers near the surface of the soil. At a depth of from nine to twelve feet they are either entirely absent or present in very small numbers.

We must assume, then, that water which in its flow over or through the soil becomes loaded with a large number of organisms *may*, under certain circumstances, gather up disease germs and thus *act as a vehicle for a short time*, especially during epidemics. The disease germs may be widely distributed before they perish. The maladies which are now known to be chiefly transmitted in this way are Asiatic cholera, typhoid fever and dysenteric affections. The

localization of these diseases in the digestive tract makes it extremely probable, even if bacteriological evidence were wanting, that the specific bacteria are introduced by way of the mouth with food and drink. In Asiatic cholera the spirilla, now generally accepted as the cause, are found in the intestines only. In typhoid fever they are not only present in the intestines, but penetrate thence into the internal organs, notably the spleen. Dysenteric diseases have not yet been thoroughly studied, so that positive facts are not at hand, but they also are, without doubt, caused by micro-organisms introduced with the food and drink. Of these, cholera need not claim our attention, since it is to be hoped that it will not gain a foothold in our own country. Whatever shall be said in this article concerning the relation of drinking water to disease, will apply with even greater force to this malady, should it appear in our midst.

Typhoid fever, being endemic over the greater part of the civilized world, has received considerable attention of late. The specific microbe (bacillus) was first distinctly recognized in 1882, and its peculiar characters and constant presence in the body during the disease confirmed by a host of observers since that date. It is transmitted very probably in the following way: The stools of patients, which contain the specific bacilli, are thrown upon the soil, whence the rain washes them into streams which serve as sources of drinking water for communities farther down, or they are thrown into vaults whence they may contaminate wells, either by filtering through a very porous soil, or else by being carried through communicating fissures. The proximity of cesspools to wells and cisterns, and the ease with which sur-

face water may find its way into the latter, are facts too frequently observed in small towns and villages to need any comment.

Numerous experiments have been made to determine the length of time during which typhoid bacilli may live in water. This is a very important problem, for we need to know how long these microbes may remain alive after the soil or water has been infected. Such experiments have shown that typhoid and cholera bacteria do not increase in number in drinking water of average quality. Not only is the temperature too low, but the quantity of available organic matter present is below the minimum limit at which multiplication begins. Moreover, there is a gradual destruction going on which finally rids the water of its infectious elements. Experiments have shown that typhoid bacilli may remain alive a month, perhaps somewhat longer. Water may therefore become the means of transmitting typhoid bacilli from one person to another, but this capacity is limited, and future observations must be invoked to determine how long it may last, and whether the period assigned by laboratory experiments be correct.

In the actual examination of suspected water, two difficulties arise. (1) The bacilli resemble harmless bacteria present in water and other media very closely, and grow so much less rapidly than many saprophytes also present, that detection is rendered very difficult with methods now in use. (2) Water is rarely examined until some time after an epidemic has appeared, that is, not less than from four to six weeks after it has been contaminated. After what has been said of the rapid destruction of these bacteria in water, the chances of

finding them are very poor. Still they have been found recently in a number of epidemics.

But there are other lines of evidence that gradually lead up to the occasional conviction of drinking water. I have dwelt upon the bacteriological evidence as perhaps the simplest and most direct. Other evidence, more complex, may be adduced from the mode of origin and distribution of epidemics. Perhaps one of the best illustrations is furnished by Mosny in the *Revue d'Hygiène* for January, 1888, in describing the water supply of Vienna. This sketch deserves our attention, as the statistics have been carefully compiled. Before 1874, Vienna received nearly all its water from the Danube. Since that date, large reservoirs built in the mountains near the city have been in use to collect spring water, so that in 1886, about 88 per cent. of all the city houses were provided with pure water. Dysentery has now become quite unknown, as the following figures show. In 1869, 1870 and 1871, there were about 100 fatal cases of this disease; in 1872, 38; in 1873, 53; in 1874 and 1875, 32; in 1877 and 1878, 17; in 1880, 11. Since that time none have occurred. Typhoid fever has also well-nigh disappeared. Prof. Nothnagel had occasion to say, recently, that when a case entered the hospital he quickly announced the fact by a bulletin, so that the students might see this malady which was dying out in the city. In the decade of 1850 to 1860, the mortality from this disease was about two for every 1,000 inhabitants. In 1871 an epidemic appeared in which the mortality rose to 4.5. After 1874 it began to fall until it has now reached the low figure of .11. In the winter of 1877 the reservoir of spring water had become frozen, and to supply the demand four

districts of the city were provided with water from the Danube until February tenth. An epidemic of typhoid thereupon appeared in March, in which twenty-nine out of every 100,000 inhabitants succumbed; of every 100 sick, twenty-five died. The distribution of the disease showed that the number of deaths was in inverse ratio to the number of houses in each district provided with spring water. In those districts in which no Danube water had been distributed the mortality rose but slightly above the usual rate. Of every 100 houses, the disease invaded 25.2 provided with river water, 3.4 provided with well water and 2.7 provided with spring water. To present the same facts in another form, out of every 10,000 inhabitants, 21.5 were attacked in the districts supplied with Danube water, 3.8 in those districts not receiving it. In the garrison, 15 per cent. were attacked in the barracks receiving spring water, 2.69 per cent in those using river water. These statistics should be committed to memory in every municipality, especially by the authorities of those that are being supplied with unfiltered, filthy river water which receives and dilutes the offal of communities and again distributes them whence they came to make the rounds through the digestive tract of the inhabitants.

During the past two years several localized epidemics in France have been carefully studied and reported by the *comité consultatif d'hygiène publique*. I select the two following as of considerable interest. Of 24 persons who had come from Paris and Versailles to spend the summer of 1886 at Pierre-fonds, 20 were attacked with typhoid. One of the three houses occupied by them had been a focus of this disease in the past, for it had appeared five times, usually in August and

September, between the years 1874 and 1883. The investigation brought out the fact that a leaky cess-pool, which also receives rain water from the roofs, is directly in the path of the ground water as it flows from the hills on its way to feed the well which supplies the houses with water, and farther on to join a small stream. The great porosity of the superficial layers of the soil may have permitted the microbes of typhoid fever to be carried from the cess-pool to the well 20 metres away. At any rate the specific bacilli were found in the well in October, the disease having appeared at the end of August and continuing during September. Another very formidable epidemic appeared in Clermont-Ferrand, from September to December, 1886. Over 250 persons were attacked. During the investigation the important fact was revealed that several families in the infected district, whose members drank either boiled or mineral water, remained well. A careful examination of the water supply showed that there was every opportunity afforded for the contamination of the source at another village, which was located some distance up the stream furnishing the water. The public lavoir, or place for washing clothes, was a grotto only ten feet from the mouth of the conduit. This, which was defective in several places, passed the lavoir at a distance of only five feet. A few cases of typhoid had appeared in this village several weeks before the outbreak of the epidemic at Clermont. The chemical analysis of the water indicated fecal contamination. The specific bacilli are reported to have been found in the reservoir of one of the houses at Clermont invaded by the disease.

Epidemics like the foregoing have been frequently observed and cases could be cited *ad libitum*. No doubt one or more



recur to the mind of every experienced physician. The severe epidemic at Plymouth, Pa., which occurred several years ago, needs only to be mentioned here. It is true that in all such investigations there is still much to be desired to make the demonstration absolute. When evidence, however, is cumulative and invariably points in one direction, its warning should be heeded. In our own country all localized epidemics should be studied with reference to the topography and geology of the water supply and other possible factors. Bacteriological examinations should be made in all cases and with the utmost care, for there is no branch of hygiene in which hasty conclusions, based on insufficient evidence or faulty methods and want of skill, are more likely to go utterly wrong than in bacteriology.

If the water we drink may become a prominent factor in the dissemination of typhoid fever when contaminated with the bacteria of that disease, we must not overlook our ice supply. Dr. Prudden has shown that typhoid bacilli may resist continuous freezing for several months, and that, in general, bad water yields bad ice. An Italian observer states that 90 per cent of all bacteria in water are destroyed by freezing, the remainder live in the ice till summer. We must not forget that the milk we drink needs attention. The water used in cleansing the receptacles may at any moment become contaminated from cases of typhoid. When we bear in mind that typhoid bacilli multiply very rapidly in milk at a summer temperature, we will realize the importance of knowing whether the milk supply of our large cities is subject to any careful sanitary inspection or not.

Every summer there is a vast emigration from the densely populated centres to the open country. Here there is apt

to be much carelessness and indifference in sanitary matters. A vague notion seems to take hold of the traveler and the summer boarder that the country is safe, and that pure air is an antidote for all illness. Yet this migration very frequently carries the same diseases that threaten us in the crowded cities into the country where the general unsanitary conditions are often more favorable to their dissemination than in the city. In all cases it is best not to drink any water the source of which we do not know or have not inspected, unless boiled. Nor should we rely upon so-called filtered water, as most of the filters in the market are not to be trusted. The same rule applies in traveling. A recent collection of medical "don'ts" suggests that we should not forget our drinking cups. Why not include what we drink as of more importance?

At the last International Congress of Hygiene and Demography held at Vienna in September of the past year, the relation which drinking water bears to cholera and typhoid was quite thoroughly discussed. There was a general agreement as to the propagation of typhoid fever by drinking water, although there were not wanting voices who objected to too dogmatic assertions, since the proof was not yet absolute. The following proposition was adopted, by a large majority, as representing the position of the congress: "The possibility of the propagation of infectious diseases by contaminated drinking water being proved, one of the most important prescriptions of public hygiene should be to supply communities with water absolutely pure." After an eloquent address made by Dr. Brouardel of the French *comité consultatif d'hygiène publique* on this subject, he concluded with the following words:

"Experience has taught us that it is

the large cities which perpetuate the epidemics of typhoid fever and from which the transmissions of this disease radiate. It may be burdensome to obtain pure water and distribute it to a community, but it is possible. Has it not been said repeatedly that nothing costs so dearly as an epidemic? Is it not true that a malady which kills one or two thousand persons every year strikes, from an economic point of view, a population more cruelly than the taxes, which might have spared the lives of several thousand from 15 to 25 years old, cut down at an age at which they have cost so much and returned so little to their state? If we share these

views, we should make an energetic effort in every country, proclaim the good fight, the preservation of human life. Our proofs are sufficient. The authorities need only to be convinced. They hesitate because they find dissidents among physicians. Is there one among you who dares maintain an adverse view, or who has opposing beliefs vigorous enough to say 'No, the water into which the stools of typhoid fever are poured does not produce typhoid'? Let him arise and assume before our successors the responsibility of the deaths which his resistance will have entailed."

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### A CASE OF STRANGULATED FEMORAL HERNIA.

By J. A. MOORE, M.D., BACON HILL, N. Y.

(*Albany Medical College, '80.*)

[*For Albany Medical Annals.*]

March 13, 1888, was called in consultation with Dr. Van Wert to see Miss D., aged 37, farmer's daughter, of slight build; has always been healthy and worked hard. From her I gathered the following history:

Five years ago, while using a wringer upon some very heavy carpet, she was obliged to use all her strength, and felt something give way in the right side, low down. Soon began to have some pain, which was constant for a few days, when she noticed a bunch in the painful region; this was sore at times, and gave her some trouble, but, thinking it would go away, she did not speak of it to any one. About two years afterwards she ran against the end of a stick of wood, which struck her on the "bunch;" she was walking quite fast, and struck quite hard. This caused so much pain that for a time she used iodine and some

other home remedies upon it. From this time she has had some pain and trouble. The tumor would at times all go away, and when she working hard would return. Still thinking it would get better, she said nothing about it. March 6, while working at a sewing machine, she was seized with severe pain and cramps in the tumor and lower part of the bowels. She was several miles from home when attacked, and on the next day was taken home in a sleigh. Upon reaching home she called a physician, who diagnosed a strangulated hernia, and, not being able to reduce it, injected morphia and ordered hot applications to relieve pain. The patient not feeling any better on the next day, March 8, another physician was called in consultation. After a careful examination, it was decided that an operation was the only means of relief for the patient, as the hernia could

not be reduced. March 9, a surgeon was called, who, after examining the case, decided not to operate. Morphia was used freely, both by the stomach and hypodermically, to relieve the pain, and hot and cold applications were kept on tumor, but the patient grew worse steadily. She began soon to vomit, the pulse went up to 130, and the temperature rose to 103° F.; slight chill, followed by hectic fever each afternoon. The patient's strength began to fail from loss of food and the constant pain.

March 15, at 3 P. M., I saw the patient; found her bolstered up in bed, partially on right side, limbs drawn well up, with thighs flexed upon abdomen; the face had a pinched, painful expression; eyes sunken and with a wild, glassy stare; cheeks slightly flushed, and lips slightly purple; the rest of face was of a yellowish pallor or waxy appearance. Temperature 104°, pulse 140 and very fine, with an occasional intermission. Bowels bloated, hard and painful. The whole appearance of the patient was one of great suffering and exhaustion. Bowels had not moved in eleven days, although enemata had been used frequently. Had taken very little nourishment in several days, and usually vomited soon after trying to eat.

Upon examination I found a large flat tumor in right groin, which was the most prominent over the femoral ring. The skin was of a dark or dusky red color, with many yellowish-brown and bluish-black spots, giving it a mottled appearance. The tumor was very painful, and could not be manipulated very much. After as thorough an examination as I could make, I told the friends that I thought the chances were all against the patient, and that, while her only chance

of life lay in an operation, I thought it was too late to hope for success. After consulting together and with the patient, they said she wished to take the chance of the operation, as she knew she could not live very much longer in her present condition. Dr. Van Wert kindly consented to take charge of the ether. So, with the light of a lamp and many doubts as to a good result, we set about getting the patient ready. When the patient was well under the ether, I tried to reduce the hernia, but could not. Washing the parts well with a two per cent. solution of carbolic acid, I made an incision from upper edge of tumor to lower edge of femoral ring. This incision was not entirely through the skin, but as deep as I could go without taking the risk of cutting into the sack. Then, picking up the fascia with a forceps, I cut through to the sack of hernia. Passing a director up under the skin, I cut through the entire length of incision. Upon cutting through the skin a large quantity of fetid gas rushed out, driving away those standing around the bed. This gas was followed by a quantity (three or four ounces) of brownish-black fluid, smelling even worse than the gas. After washing out the parts with a solution of carbolic acid, I passed my finger in to find constricted part of ring. It passed through the sloughing sack and into the ring. Passing guide upon it, I slit the ring well open, bringing the strangulated and now mottled gut into view. After a careful examination, I concluded it would be best to leave the rest to nature, and after washing out the parts and putting drainage tube in a lowest part, the wound was closed with silk sutures, five being used. Dusted the parts with iodoform and put dressing plaster straps on to strengthen and help



the stitches, and covered with cotton, oiled silk and a bandage. The patient rallied nicely from the ether, and suffered very little from shock. She said the pain had all gone. Sixteen hours after operation bowels moved off without assistance.

One hour before bowels moved the patient complained of pain, and in a few minutes the nurse heard a gurgling sound, after which pain stopped. This, I think, was when the knuckle of gut returned to abdomen. Saw patient twenty hours after operation; was feeling very weak, but had no pain; was a little delirious during sleep; temperature 102° F., pulse 120, weak, and with still some intermissions. At this time she complained of feeling wet, and upon removing dressing found two stitches had sloughed out; drainage tube was pushed out and straps loosened; cotton saturated with very offensive pus. Redressed without drainage tube or new sutures.

Twelve hours later removed dressing again; found two more sutures had sloughed out, and the opening filled up with blackened omentum and pus. Temperature at this time, thirty-two hours after operation, 104° F., pulse 130. Changed dressing every six hours after this for several days. Upon fourth day was obliged to make another opening, external to the first one, to let out the pus that seemed inclined to burrow into the thigh. This second opening was of great value in cleansing the parts, and we had no further trouble from burrowing pus. The slough continued for twenty days. At times large strips of

omentum would come away with the dressing or could be removed with the forceps. After making the second opening the temperature gradually fell, reaching normal about the twenty-third day, the bowels moved nearly every day, tongue cleaned off, and the stomach was easily kept in good condition. For some days could use only brandy and milk, but soon began to use beef tea, beefsteak, eggs, etc. When the sloughing ceased, the healing process was a very slow one, as it was by granulation, and one strip of flesh between the openings did not granulate for a long time. It was numb, causing no pain when cut, and did not seem to have any life. I thought it would be necessary to do a plastic operation to heal it up, removing the strip, but as the patient said she would rather wait, I did not do it, and in two months it was all healed up in good shape, but was still quite numb. At this date, October 5, patient is doing her work as usual. She wears a London abdominal supporter.

I have done this same operation successfully before, but never after gangrene had made its appearance, nor do I wish to again; but I think that this case teaches us that even then it may not be too late to try and save a life. In this case the operation and after-care surely did save the patient, and was her only chance. She lives to prove that life may be saved by operating upon strangulated femoral hernia of eleven days' standing, with gangrene and all or many of the other bad symptoms present and well marked.

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ANTIPYRINE blackened the teeth in several cases where the drug was administered internally. Dr. Gallippe found that the teeth blacken more readily when

they have lost their enamel. The inconvenience is only transitory, and may be remedied by simply rubbing the teeth with oxygenated water.—*Lancet*.

## THE RELATION OF MEDICINE AND MUSIC.\*

By EPHRAIM CUTTER, M.D., LL.D., NEW YORK CITY.

At first sight there would seem to be but little connection between medicine and music. The science of medicine is divided into many branches, the first two of which are anatomy and physiology. These relate to the structure of the human body, to the study of the physical combinations we call organs of sense, and to the functions of those organs. Music has to do with the hearing; with the voice, in singing; with the respiration, in playing on wind instruments; with a perfection of limbs, in playing on stringed or other instruments; and, to carry this no further, with a normal condition of the cerebral nerve centers, which insure mental operations enough to the performance of music or to the hearing thereof.

Anatomy shows the wonderful structure of the ear, by which we hear the vibrations of the atmosphere set in motion by musical sounds, no matter whence they emanate. It shows the rods of Corti suspended in a liquid medium confined in a curious whorl-shaped cavity, which is provided with a membranous window on which is a curious chain of bones, the stirrup, the anvil and the hammer, connecting with the drum of the ear, which lies at the bottom of the external passage. It shows also the two Eustachian tubes that lead from the internal ear to the pharynx. Thanks to modern invention, the rhinoscope\* displays the pharynx and orifices of the

Eustachian tubes. Anatomy has shown that the rods of Corti are the final media that transmit vibrations to the nerve centers. The number of 40,000 per second is the highest that can be perceived.

Comparative anatomy shows the difference in the organs of hearing in different species of animals.

Anatomy shows the structure of the human larynx, throat and mouth that has to do with the production of music, which may be called cantation. For ages past, anatomists have studied the *dead* organs, and the full significance of their structure was not perceived until a comparatively recent period. A great deal was learned from the dead larynx, but, when the laryngoscope was introduced, a new flood of light was thrown on the subject, and the difference was shown to be as great as that between life and death. The offices of the true vocal cords or bands and the false vocal cords or bands, the epiglottis, the passages through the mouth and nose, the use of the tongue and teeth, are now well known and described. Photography, even, has depicted the living larynx in its actual place and relations and in action. Czermak, of Prague (about 1862) was the first to photograph it. In November, 1865, the writer took the first photographs in America of the living human larynx (his own). Mr. F. W. Hardy, A.B., now of Springfield, Mass., was his skilled assistant. Copies of these photographs are deposited in the Army Medical Museum at Washington, D. C. This fact would not be mentioned here but for the

\*The writer thus can see his own Eustachian orifices, either one at will, and he has been in the habit for twenty-five years of demonstrating the same to those interested.

\* Rewritten from paper read before the Society of Science, Letters and Art, London, Nov., 1887. Also presented to the New York Academy of Anthropology, Oct., 1888.

reason that others have claimed priority in this matter.\*

The literature of this subject is immense, and the medical profession may be said to have worked it up thoroughly.

There is one thing interesting as to the functions of the false vocal bands, which, as it is not generally known, may be alluded to briefly here.† The false vocal bands close during the act of holding the breath, and are probably the chief agents in retarding the emission of the breath during singing and phonation. This is an important office, and should give these bands a better name than *false*, for their work is as *true* as that of the vocal bands themselves.

In singing, the tones are produced by the action of the vocal bands alone. These tones are, like the tones of a cornet, produced by the air passing through them as it passes through the lips on the embouchure of the mouth-piece. In "songs without words" the larynx "plays" like an instrument; but in songs *with* words the varied tones are modified by the position of the tongue, mouth and nares, which I have called "oripulations."‡

The variations in pitch are governed by the length of the vibrating surfaces of the vocal bands. For example, in my own case I have demonstrated, when required, to myself and others, the vocal bands vibrating as follows:

\*Photographing the Larynx. By E. Cutter, M.D. Archives of Laryngology, July, 1882. New York: G. P. Putnam's Sons.

† Some Practical Points about the False Vocal Bands. By E. Cutter, M.D. Gaillard's Medical Journal, New York, 1884.

‡ Cantation and Phonation. By E. Cutter, M.D. Boston Journal of Chemistry (now Popular Science News), January and February, 1872.

Principles of Voice Production Illustrated by the Living Larynx. By E. Cutter, M.D. United States Music Teachers' National Association, 1887.

The Relations of Phonation to Cantation, with Some Practical Deductions.\* By E. Cutter, M.D. Ninth International Medical Congress, Washington, 1887.

(a) Throughout their entire length—F below the bass cleff.

(b) Through their anterior two-thirds—F in the bass cleff.

(c) Through their anterior third—lower F in treble cleff.

The vocal bands are subject to the same rules as the strings of a 'cello.

In the falsetto voice the anterior two-thirds of the vocal bands vibrate very closely together and under higher pressure in producing upper F in treble.

In wind instruments, when the wind is derived from the player, the organs of respiration are indispensable, and the walls of the chest must be sound or well supported. The false vocal bands must be of great use in playing wind instruments, because of their retentive power over the expiring breath.

A notable example of the aid that *surgery* gives to music is shown by the following case, reported by Dr. L. A. Sayre, one of the fathers of American surgery, and which is reported in the "Transactions of the American Medical Association," 1879, page 711.

A. H. Arthur, musician; bedridden. June 7, 1876, plaster jacket applied, and could walk without difficulty. July 5, 1876, a fifth jacket applied. "Patient called to see me at the West End Hotel, Long Branch, on July 13, and I did not recognize him. His form was erect, and his face florid with the ruddy hue of perfect health. He stated that he was returning from Philadelphia, where he played the cornet in Gilmore's band at the Centennial the night before until 12 o'clock, and had to play at the hippodrome that evening."

A broken arm would have kept Ole Bull from playing the violin, and an amputated leg would have removed a



Whiting from the organ. Surgery comes in to restore physical defects found in the limbs of performers on musical instruments. Above all, there should be a clear brain, no matter whether the participator listens or performs. Medical science teaches the data about this department of our bodies, and hence is a handmaid to music.

#### SURGERY RESTORES VOICE.

There is no song without a larynx in a normal condition; or, as a whole includes all its parts, this truth may be stated as follows: No cantation is possible if the true vocal cords are not in good condition to vibrate on their edges. The following case from the early history of laryngology shows this.

*Thyrotomy for Laryngeal Growth.*—Miss Anna M. Jewell, Pepperell, Mass., suffered a complete and permanent loss of voice for several years previous to 1866. The laryngoscope revealed the fact that the larynx was occupied by a voluminous growth (in my possession), and which mechanically explained the entire aphonia; for on removing this growth the voice returned, and has remained up to date (1888)—twenty-two years.\* So long as this growth existed on the vocal bands no voice was produced, although air, head, chest and abdomen were present. This is positive proof that there is no head, chest nor abdominal voice without the larynx, and also shows what a light surgery has thrown on this subject. It is to be hoped that false teaching of "head, chest and abdominal tones" will lapse.

The *head*, for good music, must be healthy. The pharynx must have no

malformations, as cleft palate, deviation of the vomer or turbinated bones, no adenoid hypertrophies, no thickening of mucous membranes, no polypi, etc.

I have had cases where adenoid hypertrophies caused inability to sing high notes, which was cured by curing the hypertrophies. Such cases are common amongst throat specialists. For example, I saw a lady in the care of Dr. Schweig, of New York, who had lost some of her upper tones, to her detriment, as she was a professional singer. I understood she had had her vocal cords touched in Paris and London, to no purpose, but now, by having the adenoid hypertrophy touched and the larynx let alone, she had regained all but two of the lost notes.

If the nose is occluded by growths, by deviation of the vomer or turbinated bones, by rhinoliths, by slugs of secretions of considerable density and offensiveness (as in *ozæna*), by catarrhal thickening of the erectile tissues, etc., the normal singing voice cannot be expected to be produced. If the maxillary antra or the frontal sinuses are closed and diseased, there is interference, chiefly, I think, because the conformation of the parts is so changed that the normal over-tones of the voice are lost or altered, and thus the native timbre is interfered with.

Dr. D. H. Goodwillie, of New York, says: "Many cases could be given in which the voice was restored by surgical treatment with electro-motor trephine, knife and galvano-caustic of the pharynx, tonsils, palate, tongue, etc." He alludes to a case I sent him of deviation of the vomer, caused by a blow from a base ball in the mouth in youth. The patient was a clergyman, and felt that he should have to give up his profession on account of loss of voice. Dr. Goodwillie's treat-

\*Cutter: Case of Aphonia Cured by Extirpation of a Neoplasm on the Vocal Cords by Laryngotomy (American Journal of the Medical Sciences, 1868). Also, Sequel to a Case of Thyrotomy (Archives of Laryngology, Oct., 1882).

ment perfectly restored the voice, which is now in constant use.

#### TONSILS.

Madam Cappiani ("Transactions Music Teachers' Association," 1887, page 131), justly speaks of the wounding of the pillars of the palate in removing the tonsils, and consequently producing changes both in the compass and in the quality of the singing voice. "Another point: If tonsils which are adherent to the pharyngeal pillars are wholly removed, these muscles are frequently lengthened, and thus they lose a portion of their power of tension, and so the voice is lowered in pitch. In my experience I can name a number of prominent singers with their tonsils out who are obliged to transpose their arias an entire tone, or a small third." She insists on electric cautery or astringent applications, only, for the reduction of enlarged tonsils. I have used and seen used the American guillotine instruments, and have known no accident to occur, nor is the whole tonsil removed, as it is physically impossible with this instrument. One lady testified that her daughter gained two notes in her register by having her tonsils removed thus.

#### THE VOICE OF EUNUCHS

Is a remarkable old-time example of the influence of surgery upon the development of the larynx and upon the character of church music, for it is a wonderful thing for a male to have a female voice through life.

#### COLDS.

Colds are a simple and yet complex matter; the conventional excuse offered when singers can't sing, or don't want to sing when asked.

Last winter I passed without a cold. I attribute this immunity to the fact that

I lived as near as possible on what I deem proper food. \* \* \*

Again, the notable experiments of Dr. Salisbury in feeding men on single articles of diet\* show that vinegar fed in excess would produce catarrhs and colds of the air passages in four days. Indeed, he points out that all foods fermenting into vinegar in the intestine, produce catarrhs of the mucous membranes of the air passages, and partial paralyses by the gases and vinegar formed in the alimentary canal. If singers would keep from catching cold, they should eat food that does not ferment—a diet composed of one mouthful of food from the vegetable kingdom to two mouthfuls of food from the animal kingdom.

When a singer is accustomed to "catch cold," a nightly sponge bath of warm water containing a teaspoonful of aqua ammonia to each pint, taken on going to bed, will so fit the skin (the largest depurating gland in the whole body) to do its work that taking cold is avoided five times out of six. In Germany the inhalation of the nascent chloride of ammonium has been used for chronic colds. I think I was the first to discover that it was more successful in common colds. There are many inhalers in the market, but that made by myself is specially adapted to the active and *passive* inhalation of this nascent chloride and also of menthol.

*Infusorial catarrh* is a cause of colds. Here an active, living, moving parasite, the *asthmatos ciliaris* (*S.*), is found. Killing the parasite often cures the cold at once. This affection is very common, widespread and sometimes very dangerous.

In affections more severe than colds, such as local ulceration of the upper

\* The Relation of Alimentation and Disease. By J. H. Salisbury, M.D., LL.D. New York: J. H. Vail & Co., 1888.

air passages, a laryngologist should be consulted. When this is out of the question, I commend as a local application to the affected parts a mixture of equal parts of the *Liq. ferri persulphatis* (U. S. P.) and glycerine, as suggested to me by Dr. G. L. Simmons, of California. It should be applied by a sponge or absorbent cotton each day or once in two days. Another most excellent remedy is the ethereal tincture of iodoform (3j-3j) applied as before said, by a sponge or absorbent cotton. Cotton is the better medium.

[Various direct and reflex affections of the larynx are enumerated. Double voice is explained by Bach, who sang in octaves, as due to having one vocal cord tense and the other less tense.]

#### MUSIC OR CANTATION AS A PHYSICAL SIGN OF CHEST AFFECTIONS.

In 1858 I experimented with the application of music to the diseases of the chest. This was suggested by what the late Dr. Austin Flint, Sr., wrote about the pitch of the sounds elicited by percussion. Of course, a musically cultivated ear perceives these distinctions more readily than an unmusical ear. The higher the pitch, the more numerous the vibrations in each second. This is entirely different from the clearness, or resonance. But I extended this further to the making the patient sing high or low tones where there was effusion, condensation, cavernous or tubular respiration. I don't know as I am prepared to recommend cantation as a physical sign to the profession, but I feel it has a place here, as I have never seen it brought out before. Still, it will help in making out the limits of diseased condition of the lungs, as musical tones are longer vibrated than phonated tones of the same pitch.

#### CANTATION AS A MEANS OF SHOWING THE LARYNX.

Those who see the demonstrations that go with this paper have a practical proof as to how the various tones are produced and bring out the peculiar features of the vocal bands. To display a patient's larynx, make him sing a high note, "ah," at lower or upper F, and you will find the most successful procedure, according to my experience.

#### MUSIC AS A MEDICINE.

While there is not much music in medicine, there is a good deal of medicine in music. The effects of David's music on King Saul are well known. Dr. B. Rush on the Mind (Phila., 1825, fifth ed.) says: "Music in hypochondriasis has often afforded great relief." Luther has left the following testimony in its favor: "Next to theology, I give the the highest place to music, for thereby anger is forgotten, the devil also; melancholy and many tribulations and evil thoughts are driven away." Dr. Rush says: "I attended a patient who told me that one of his paroxysms was cured by hearing "Old Hundred" sung in a country church. Dr. Cox mentions a striking instance of the power of music over a madman. In this grade the tunes should be plaintive and sedative.

Mr. Luther Whiting Mason, of Boston, who has the high honor of introducing western music into Japan, and whose music is sung all over Japan in the public schools, told me about the author of the tune "Buckfield"—that, being crossed in love, he determined to commit suicide, and with a rope in his hand went to an out-building on his farm. He was the church choir leader, and knew how to write music. As he was adjusting the rope over a beam he heard a sparrow singing and was attracted by the melody.



He wrote it down and composed some verses, now extant. Then he thought how he would like to hear his choir sing it, and the suicide was indefinitely postponed.

Says Dr. Rush (*loc. cit.*): "Certain tones of music have sometimes suddenly relieved a paroxysm of venereal desires." "Singing aids the memory in acquiring a knowledge of words and of the ideas connected with them. A song is always learned sooner than the same number of words not set to music." "Music suspends the fear of death; hence its universal use in battle. Even noise of any kind dissipates fear; hence boys obviate it not only by silence when in company, but by whistling or halloing when they pass by a graveyard alone after night."

Extract from "The Colonel's Opera Cloak":\* "I never studied [music] at all, except when I went to Miss Paynter's boarding school, and then I did not learn much," said Leslie, laughing. "Her neice came over from England, and she taught me my songs. I had a fever when I was there, and she took all the care of me, and was so kind! She used to sing to me half through the night—it was better than medicine."

Again, music is a medicine to the weary one, worn with business, work and worriment of mind. A prominent New England clergyman tells me that when tired out with the duties of his profession there is nothing so restful and soothing to his nerves as Hayden's trios on the piano, 'cello and violin. I can testify to the same thing. When the soul and body are refreshed by this music medicine, we are then ready to take hold of life's duties with renewed vigor and earnestness, and double work

can be done in the same time that it took to do single work before.

I suppose music quiets the sympathetic nervous system, which does a great part of the nerve work of the body. The nerves of the head (which are volunteers), when crowded or overworked, are sad disturbers of the sympathetic nerves (which are automatic.) It is possible that the agreeable occupation of the nerve centers by a musical performance causes them to let the sympathetic nerves alone and to cease withdrawing, or rather *stealing*, from them the energy which is their share.

The following from a recent number of the *Congregationalist* is apt: "Since it is generally admitted that we are an eager, restless, hurrying people, prone to overwork, and consequently the victims of worry, it is well to be intelligent concerning some of the remedies which may mitigate the evils of constantly living at high pressure. In a little book called 'Nerve Waste,' by Dr. H. C. Sawyer, of the California Medical Society, he recommends music as one of the best antidotes against worry, a foe which can seldom be routed by exercise of the will, and must therefore, be crowded out by something else. He says that an hour of cheerful, agreeable music before retiring will relieve the tension of strung nerves, and quiet one who finds himself harrassed, anxious and excited by the day's experiences. One need not be deterred from practicing on violin or piano because he has no skill in music, since the purpose is not so much the edification of others as the soothing of his irritable nerve-cells. Observation shows that in homes where music is a large element in the family life, there is usually less jarring and friction than where there is no 'concord

\* No Name Series. Boston: Roberts Bros., 1888.

of sweet sounds' to promote harmony."

The domestic history of ordinary families shows how invariably infants have been soothed and put to sleep by their mothers' nursery songs, which though repulsive to the adult ear, act like a soothing medicine on the children.

Music is harmonious motion, and penetrates the soul by more ways than one, and where phonation does not penetrate. It is a universal language that reaches the heart and sympathetic nerves. It is a soother and soporific, and thus is a good medicine for souls distressed. Music thus takes the place of drugs, and is preferable to them. For example, when the use of opiates is done away with by music, the advantage is in the avoidance of the bad effects of the narcotic on the liver and digestive organs, to say nothing of the "opium habit" which may be acquired. The "music habit," if I may be allowed to use the term, has nothing harmful in its effects.

An affecting story is told of a child about two years old in the far west. She was stolen by Indians and kept till she was eight years of age. The parents made every effort to find their child, without success. Finally an officer of the United States army, stationed at a fort, brought there the tribe in which the girl was, and also the bereaved parents, in order to examine the savage company. After a time the parents singled out their daughter in savage costume, but could make no impression on her by which they could certainly recognize her. The child seemed dazed and astonished. The mother began to despair, until an older child said, "Mother,

sing the lullaby that you used to sing to her when a baby." The mother did so. At once the lost child listened, became animated, recognized her mother, and rushed into her arms. Certainly this was a case where music acted upon an enfeebled memory as a successful stimulant when speech had entirely failed to elicit any response.

I think I would go so far as to put music in the *materia medica*, after what has been said of it by many, as a remedy for insomnia, neurasthenia and nervous prostration, as it would be harmless if used for any length of time, and would be pleasant to all. Dr. Salisbury suggests its use in sanitariums and hospitals, placed in the distance, so as to require effort to hear, and, when heard, to be of the sweetest description, as that of an *Æolian harp* or fine music box.

At the celebrated watering place of Carlsbad the German government furnishes an orchestra to play at the regulated times when drinking is going on. For this music and the medicine (that is, the drinking water) a tax is levied on the drinkers. Whether the music is used as a vehicle, or palliative, for the unpleasant draughts (as a physician gives iodide of potassium in syrup of sarsaparilla, to cover the taste), or whether the music itself is intended to act as a medicinal adjuvant to the waters, I know not; but we may be sure that this combination would not be enforced by the government unless it was thought advantageous by medical men to promote the appetite and zest for the unpalatable natural mineral beverages.

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TO DESTROY TATTOOING, Dr. Variot works a solution of tannin into the spot by a series of pricks. He then applies

nitrate of silver solution, forming a stain of tannate of silver. Cicatrices form and disappear, removing the marks.

## ABSTRACTA.

**THE RELATIONS OF THE ABDOMINAL SURGEON TO THE OBSTETRICIAN AND GYNECOLOGIST.\***—By Dr. Albert Vander Veer, Albany N. Y. He said that in studying the constitution, by-laws and make-up of this society, he observed that there were brought together elements which if properly harmonized and "the principles of unity and research" preserved, could not fail to benefit ourselves as individual members; and also that the influence which will go out will be for good to the profession throughout this broad land. He would endeavor to bring out the points of the specialty which he represented in such a manner as might result in mutual good to all.

He had been led to ask the question, "Is there such a department as abdominal surgery in our profession?" That was a grand union when surgery, freed from its barbarism and ignorances, and no longer associating with or being part of the "Barber's company," united in honorable wedlock with medicine, and helped to establish that household in the healing art from which many of us who are here to-day have seen springing and going out the most of the grand specialties that have done so much for suffering humanity. Prof. Virchow said: "Within twenty-five years the great host of specialties has developed; and it would be vain, anyhow fruitless, to oppose this tendency; but I think I ought to mention it here, and hope that I shall be certain of approval when I say that no specialty can flourish which separates itself entirely from the common course of science; if it does not take the other specialties into account, and if all the specialties do not mutually assist one another." All of this positive and signal advance has been made, not in a spirit of hostility to general medicine, but to render aid to one another as we work against disease. Surgery has not accomplished it entirely alone; she has had the assistance of true medicine, but in doing what she has done she has undoubtedly advanced medicine in a very great degree.

\*Transactions of the American Association of Obstetricians and Gynecologists, first annual meeting, Washington, Sept., 1888. Abstract from American Journal of Obstetrics, Oct., 1888.

Of those who remember the crusade which was early made against ovariectomy, which was but the beginning of abdominal surgery, and who cherish the belief that the latter is not yet a distinct part of general surgery, the question is asked, "Why is it that special works are being published on abdominal surgery alone, and meeting with ready acceptance by the profession?" Abdominal surgery may be said now to be a part of the specialties of obstetrics and gynecology. Has not the work of such men as the late Prof. S. D. Gross, Tait, Parkes, Sands, Weir, Senn, Greig Smith, Bull, and a host of others now living, demonstrated the fact that abdominal surgery has become a specialty? If we inquire into the manner of its development, we find that it has been the outgrowth of work done by the general practitioner. The elder Gross once stated that his experience and observation had taught him that they made the best specialists who, having engaged for a number of years in general practice, finally confined themselves to that special department for which their studies, inclinations, and clinical observations and experiences had best fitted them. These words apply with peculiar reference and force to him who attempts to practice as an abdominal surgeon. The operation for removal of a simple uncomplicated ovarian cyst is probably the easiest operation that occurs in all the range of the major operations in surgery; but when we come to the operation, embarrassed as it may be by all the complications known to us, it becomes one of the most difficult of all operations. Notwithstanding all that has been done within a short time by obstetricians, gynecologists, or abdominal surgeons, to advance abdominal surgery, we are yet at the half-way house on the road leading to complete success, for not yet is made clear the best manner of operating, the best place for the operation, or the best way of dealing with all the various complications. Our entire profession must yet be taught much that pertains to abdominal surgery, and it must to a great extent be done by men of creative genius. What we need is not the



elaborate presentation of theories, but the offering of practical papers that will give facts, and the accumulated wisdom and experience of honest workers.

Specialism in society work and in journalism should be encouraged by the profession at large. As abdominal surgeons we should move carefully, but at the present time we should be active and on the alert to make use of the constantly increasing material that presents, and from which to draw our practical deductions. In this new society we have formed a combination that illustrates well that trite but true saying that in union there is strength. The work of the obstetrician is the most arduous, important and responsible of any part of our profession. The obstetrician and abdominal surgeon should work in perfect harmony. The latter bears to the former much the same relation that the general surgeon does to the neurologist in his brain surgery. The obstetrician, like the neurologist, will make his diagnosis, but the surgeon will often be called upon to do the operation. The work of the abdominal surgeon will necessarily lead him into the field of gynecological practice; that is, the major portion, not the minor part, of gynecology. There are many good gynecologists who are successful in every thing that pertains to their specialty aside from doing an abdominal section, and this they assign to some one else. I believe it requires years of the hardest study and effort to become a thorough abdominal surgeon; the number must ever be somewhat limited.

Finally, is it not a fact that there is some danger that abdominal section may be carried too far if made too much of a specialty? Have we not in this society the conservative combination? That our new society is moving in the right direction, witness the new obstetrical and gynecological society that has just been organized in Vienna, and of which Prof. Breisky has been elected president.

*Dr. S. C. Gordon*, of Portland (by invitation).—I hardly know how we can discuss a paper like this, except to assent to what has been said. The paper has certainly covered the ground. A discussion, in order to be interesting, must take a departure from the subject discussed. Abdominal surgery, in my opinion, is now taking quite a different turn from what it

formerly did. Formerly we believed that every thing of this nature must be done in a special hospital, with special accommodations. My own experience justifies me in saying that, while we must take every possible precaution, we must not allow a patient to die because we cannot remove her to a special hospital. The question of special hospitals is no longer a *sine qua non*.

**SOME OBSCURE AFFECTIONS OF THE RECTUM.**—By Dr. J. Matthews, of Louisville, Ky. In a meeting of the Mississippi Valley Medical Association, at St. Louis, September 26, 1888, the author said in substance as follows:

At the meeting of the American Medical Association, in Cincinnati, May 8, 1888, a learned dissertation on "The Nervous Rectum," was read by Prof. Wm. Goodell. The term most used by Dr. Goodell, however, was "hysterical rectum" or "hysteria." In other words, the position taken was that certain muscles became hysterical. Dr. Matthews thinks this caption misleading, and that "Some Obscure Affections of the Rectum" is better for the elucidation of the subject, as it invites investigation.

We all have patients coming to us with some vague symptoms of rectal trouble, but we too often dismiss them without an examination. Is not the physician dealing with some traumatic lesion, as Dr. Goodell says he is sometimes lead to believe he is? Will he be cured till this lesion is removed? The doctor believes that these diseases originate from local disease, and as a result we have pathological changes. Or, per consequence of disease in a contiguous part, we have disease made manifest in the rectum by the reflexes. A better term than "hysterical" would be "neuralgie," though this is far from correct. There are so many pathological conditions existing in the rectum, any of which might cause all the symptoms of the so-called hysterical rectum, that the necessity for an examination cannot be too strongly urged. Among these conditions might be cited: (1) Hemorrhoids; (2) proctitis; (3) injuries to or diseases of the uterine; (4) stricture of the urethra; (5) cystitis; (6) enlarged prostate, etc. Besides these diseases existing in or around the rectum, giving rise to vague

hysterical symptoms of the rectal muscles, there are others of an obscure nature which are hard to detect. In Prof. Goodell's paper, he refers to this class of cases under the head of pellicular colitis, or pseudo-membranous enteritis, in which mucous casts of the lower bowel are discharged with much tenesmus and abdominal pain, either by themselves or in the regular evacuations. He says the disease is "sheer neurosis," in which diagnosis Dr. Matthews cannot agree. He does not deny that the nervous system is responsible for many strange freaks, but states the following as the causes of these obscure affections: (1) Hysterical (?) neurosis; (2) the reflexes; (3) a lesion or pathological change at the seat of trouble. Of these three causes he considers lesions or pathological conditions in the rectum the most frequent root of obscure rectal troubles. When patients present such symptoms as have been described, the rectum and sigmoid flexure are subjected to a rigid examination, which does not mean casual survey of the parts, but after preparation on the part of the patient by the use of an aperient and an enema of hot water, then by the aid of proper light and an anæsthetic, with a Wales bougie and speculum, the sensitive part and seat of trouble can usually be discovered.

Pathological conditions which cause symptoms simulating the nervous rectum (?) are: (1) fissure; (2) ulcers; (3) congestions; (4) proctitis; (5) internal fistula. Fissures of the anus may escape notice, even after diligent scrutiny; therefore careful search is urged for any abrasion. If any lesion is found which is embraced by the sphincter, the remedy *par excellence* is division of the muscle. In the second condition, that of ulcers, which are often found along the course of the gut, a very simple procedure is required for their cure, viz.: A probe with cotton on the end dipped in pure carbolic acid, applied through a speculum. In congestion, the liver should be looked after, and when a healthy state is established, it should be maintained by a free administration of some aperient mineral water. The rectum should be washed daily by injections of very hot water.

That the rectum can be inflamed seems to have escaped the minds of many.

When such a condition exists, usually the only symptoms manifest are those of reflex pains in the back, legs, belly, ovaries, general lassitude, mania, nerve prostration, bladder involvement, loss of appetite, melancholia, etc. It is no wonder that this trouble is frequently called hysteria. When these vague symptoms exist, I beg that the rectum be inspected. If the rectum be found inflamed, free aperients, hot water injections, a non-stimulating diet, perfect rest of the body, and the use of these prescriptions as a daily injection is to be recommended as treatment:

℞ Sub. nit. bismuth, . . . 3j.  
Iodoform, . . . gr. x.  
Sweet almond oil, . . . 3j.

M. S.—Inject.

℞ Fluid hydrastis, . . . 3j.  
Aqua, . . . 3j.

M. S.—Inject.

℞ Listerine,  
Aqua, . . . āā 3j.

M. S.—Inject.

In obstinate cases it is best to put the patient upon a fluid diet. The best article used by Dr. Matthews for that purpose is bovine. In concluding, he begs the profession to regard these obscure troubles of the rectum as worthy of their careful consideration. Many lives have been wrecked because patients so afflicted are neglected by the physician, and fall into the hands of charlatans and quacks. Too much stress has been laid in these cases to the nervous symptoms which present, and not to the local cause of the trouble. He does not agree with Dr. Goodell when he says: "The treatment of a nervous rectum depends largely upon the general condition of the patient. If she have nerve prostration, as she usually will, failure will attend every effort to cure the rectal disorder, unless the former is successfully treated. This treatment consists of prolonged rest in bed, seclusion from friends, nutrition, massage and of electricity." Dr. Matthews believes such a course pursued with such cases would be highly detrimental, and says most emphatically, "Attend to the local causes and the nervous symptoms will take care of themselves."



**A CONTRIBUTION TO THE STUDY OF PELVIC ABSCESS.\***—By Dr. Clinton Cushing, of San Francisco. He defined a pelvic abscess to be any collection of pus in the cavity of the pelvis which exists in the tissues outside of the cavity of the hollow organs, such as the bladder, uterus, Fallopian tubes, and the rectum. He was becoming more convinced each year of the truth of the statement made by Noeggerath, that uncured gonorrhœa in the male is a very frequent cause of salpingitis. A recent case came under his observation, in which this theory was verified in every particular. A woman, 27 years old, had been seduced nine years before; since that time she had apparently led a moral life, but had suffered from chronic pelvic abscess, resulting in repeated attacks of pelvic inflammation. She had lately married, immediately following which all her symptoms became very much aggravated; while the husband himself contracted a very severe urethritis, which resulted in perineal abscess. Her case becoming serious, he saw her and diagnosed a probable pelvic abscess. Upon opening the abdomen, the right Fallopian tube was found distended with pus at its larger extremity, and a pelvic abscess containing several ounces of pus. He removed both tubes and ovaries. A microscopic examination showed gonococci present in both tubes, mingled with the pus. The secretion of the urethra of the husband also contained gonococci. This case would seem to demonstrate that the woman had been infected with the gonorrhœa nine years before; that its specific character remained in the Fallopian tubes, causing frequent attacks of pelvic inflammation; that the husband had contracted the disease of the woman; that the sexual relations had aggravated the already existing disease of the woman, resulting in the formation of the pelvic abscess, which necessitated operation. She recovered without a bad symptom.

In another case, he opened the abdomen and found that a portion of the abdominal cavity below the umbilicus was an immense sac of pus, containing at least a gallon. A counter-opening through Douglas' pouch was made, and a drainage tube through the abdominal opening into the

vagina. On the second day the bladder sloughed, the urine escaping into the pus cavity. An artificial vesico-vaginal fistula was formed, that the urine might drain from below, and thus enable the pus cavity to heal. At the end of the year the cavity was healed, the abdominal wound was closed, the vesico-vaginal fistula was repaired, and the patient restored to health.

He presented a dilating trocar which he used in operating in cases where it was necessary to puncture through the vagina. He also presented a self-retaining drainage tube of T shape, made of a piece of rubber tubing of suitable size, the cross-section fastened in place with strand of silk, introduced by pressing the end of the cross-section within the grasp of a pair of forceps, carrying it into the pus cavity and liberating the T. The dilating trocar has proven in his hands a most satisfactory instrument, enabling him to afford speedy relief in many cases, where, without it, procrastination would have been necessary, and much valuable time lost.

*Dr. W. W. Potter* (Buffalo).—I wish to introduce to the notice of the Fellows of this association a drainage tube that I think is, possibly, of a little greater advantage than the one Dr. Cushing has presented. Its retaining collar is continuous with the shaft—is a part of the tube itself—and will keep its lumen open. Tiemann, of New York, manufactures it for me.

*Dr. Joseph Eastman* (Indianapolis).—I have one remark to make with reference to the drainage tube and dilating trocar. Prof. Martin, of Berlin, has been using the ordinary dressing forceps, forcing it through the vault of the vagina, seizing the drainage tube, and drawing it up in that manner. I have in that way been using the Bozeman dressing forceps, simply sharpening their points.

I was much interested in the paper of Dr. Price. I believe, in a publication of mine, I made the statement that I would drain upon the slightest excuse; that I still hold to. Now as to the question of permanent drainage. Dr. Wylie, of New York, speaks of establishing permanent drainage. I do not know how that is to be done. In my experience, and that of others, I find that, in at least a week, nature has covered in the tube with plastic material. In the first ovariectomy by

\*Transactions of the American Association of Obstetricians and Gynecologists. Abstract from American Journal of Obstetrics, Oct., 1888.



Dr. McDowell, he allowed the ligature to hang out of the abdominal wound. I am not sure but that is about as good drainage as we ever had or will have. It is good capillary drainage. In all my experience time, fifty-one cases, I have not had a hernia, except in one case. That was where I had to leave the drainage tube in over a week. It seems to me the entire key to the situation is in bringing the abdominal layers into exact apposition. I am satisfied that we must not decide for vaginal drainage or abdominal drainage, the one against the other.

*Dr. E. E. Montgomery* (Philadelphia).—The members of the association are greatly indebted to Drs. Price and Cushing for their practical papers on a subject of the greatest importance to those practicing abdominal surgery. I take it, in the practice of this department, we are desirous of using no measures unnecessarily, and on the other hand of leaving undone nothing that is important for the relief and salvation of our patients. With this in view, it seems to me it is exceedingly important that practical indications should be laid down for the treatment of such cases, to make sure the class of cases in which drainage is indicated and necessary, and outline those in which it is not required. In many cases the necessity of drainage may be obviated by the subsequent care of the patient. If we place the patient on a restricted diet, or diminish the amount of liquid, so that the pressure in the vessels will be decreased, and they, instead of throwing out liquid, will take it up, there will be less danger of peritoneal effusion. In the applications of the dressings, where we have reason to expect peritoneal effusion, if we apply pressure, we will find the danger of effusion is lessened. Another important thing is the care of the drainage tube, so that the secretions are not allowed to decompose in the peritoneal cavity. By the application around the drainage tube of the rubber dam, a piece of rubber such as is used by the dentists, making a complete covering over the dressings, we can wash out the cavity without soiling them at all. The drainage tube is objectionable where it is unnecessary, for the reason that it lessens the strength of the union in the wound. It is also for the reason that it increases the difficulty of keeping

the cavity pure and sweet. There are cases, I think, in which vaginal drainage is preferable to the drainage from above.

*Dr. H. O. Marcy* (Boston).—There are two or three points in which I shall draw exceptions in the matter of detail to the gentleman who read the first paper. We certainly all understand that we want to get rid of deleterious, effete, poisonous material. The first question the operator places before himself is, that he does it by operative measures. If he is sure he does it, it is a gratuity to add the danger of the introduction of a tube which itself may carry in infection. If it is removed, I am sure he would agree with me that we have nothing to drain, because we have a healthy non-infective cavity. The question comes, Can we do this? If we are in doubt, can drainage accomplish that which you desire? Unfortunately, we all have to answer that many times it signally fails when we have trusted to it. If we had an infectious tube, we would destroy the point of infection before we closed the wound. There is nothing better than to be certain that you follow back the infection to its very center. If you have a doubt about the aseptic properties of the cavity, wash it freely with aseptic water. If you have not removed this, the next question you ask is, Does the drainage tube make your patient safer? The drainage tube often fails. When the drainage tube fails, then the only safety to your patient is a reopening of the cavity. I believe that, if we have to use drainage, we should drain in the direction of gravity and not against it; that is what drainage means, if we understand it. I am strongly inclined to think favorably of vaginal drainage. I have designed a drainage tube which I will be glad to present this afternoon, two tubes lying in conjunction, with a diaphragm; with it you wash in either way, which I believe is of advantage.

*Dr. Albert Vander Veer* (Albany).—I scarcely think there will be presented to us any subject of more importance than this of drainage in the pelvic cavity. It is with pleasure I refer to one man in this country, one working in the direction of drainage in pelvic abscess. Had he lived he would undoubtedly have carried the subject much further along and to a greater degree of perfection than has

been done since his death. I refer to the late Dr. E. R. Peaslee. At one time his percentage of recoveries was greater than any other man's. He excelled Sir Spencer Wells in his percentage of recoveries. His theory was to drain in the direction that is natural for the fluid to flow. In introducing the drainage tube at the lower end of the abdominal wound, I believe it is well to put in your suture in such a way that it can be tightened as soon as the tube is removed. I can only call to mind two cases in seventy operations where I had hernia occurring. One was because the patient got up too soon. In closing up the wound, bring peritoneum, in connection with peritoneum, fascia with fascia, skin with skin. They must be brought together carefully. We must select according to the cases the form of drainage to make use of.

*Dr. Joseph Price*, in concluding, remarked that Dr. Cushing's paper was well worth bringing across the continent. Continuing he said: I meant simply to discuss actual disease. I was not dealing with given cases. I have studied most carefully the works of Dr. Martin, Tait and others. When I consider the mortality of twelve in seventy-two for pelvic surgery, I must say that I do think Dr. Martin needs a little further experience in pelvic drainage. If you refer to Bantock and compare his mortality record, I think that you will consider that it is wise to practice the drainage of Bantock, of Tait and of Keith, and not that of Martin.

In regard to hernias, you can pick them out from a class of operators that make long incisions. An incision that is long enough to admit two fingers is quite sufficient. You can do any thing in the pelvis with two fingers that you can do with the whole hand. The capillary drain I do not look upon as of very great importance. The frequency of cleaning the tube is of paramount importance. You cannot get along without a nurse with special training. A word with regard to the aspirator. I used it a few years ago; I have no need for it now; It is a very easy matter to keep a tube clean, sweet and dry. I would call attention to eighty-four cases done in the alleys and courts, without carbolic acid or bichloride of mercury, with one death in eighty-four. I simply challenge the world to beat it.

The nurses were all trained to clean those tubes. I have had no experience with vaginal drainage; the other has served me well. The tube is a little sentinel to show when hemorrhage occurs.

SOME FORMS OF PARALYSIS AFTER TYPHOID FEVER was a paper by Dr. George Ross. He thought it not to be wondered at that there were nervous symptoms after typhoid. The nervous phenomena are almost invariably both motor and sensory; always in the case of spinal nerves, never in any of mixed. According to Nothnagel, the order of frequency of these affections is as follows: 1. Parts by one nerve as ulnar or peroneal. 2. Paraplegia, preferably of the lower extremities. 3. Less frequently one extremity, upper or lower, or two extremities in crossed order. Simple alteration of sensibility.

The history of a case of paraplegia, resulting directly from typhoid fever and ending in recovery, was given in detail, and also the history of a remarkable case which presented paralysis involving all the limbs, and, in addition, the muscles of the palate.

ABANDONMENT OF INTUBATION AT LEIPZIG.—Professor Thiersch has given intubation in diphtheritic laryngitis a thorough trial, extending over a period of some months, but with no results, so that he has resumed his former treatment—tracheotomy, with which his percentage of recoveries is about fifty. He ascribes his lack of success, as compared with American surgeons, in the matter of intubation, to a different type of the disease, thinking that in his cases the membrane is thicker and tougher and the constitutional symptoms severer.—*Correspondent Western Med. Reporter.*

A GOOD TAPEWORM REMEDY.—Beutner recommends the following mixture: Two ounces of *cortex granati* are macerated with two ounces of spirit for a few hours, and then boiled with  $1\frac{1}{2}$  pints of water down to about three ounces. The liquid is poured through a strainer, and made into an emulsion with one ounce of castor oil and three drachms of powdered gum arabic. One drachm of male fern extract is added, and about half-ounce of brandy containing a few drops of peppermint oil.—*Brit. and Col. Druggist.*

# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE

ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.

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VOL. IX.—No. 11.

NOVEMBER, 1888.

\$1.00 A YEAR

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## DR. HENRY B. SANDS.

When Dr. Alonzo Clark passed away, we missed a character which had the element of the historic, which his identity with a half century of medical history had given him. Now the profession of New York, and of the surgical world in fact, loses in the death of Dr. Henry B. Sands a man who was on the very front of its high tide of activity. Like Dr. Clark, and in the same college, he has been making a most marked impression on succeeding classes of medical students, who remember him, in anatomy and later in surgery, as one of the most forceful lecturers they ever listened to. He was one of the most erudite men in the College of Physicians and Surgeons, and all his learning was brought into his work there and outside. But his intellectual force made his learning subsidiary to his individuality. While exceedingly quiet and utterly devoid of all that is *bizarre* and for effect, he had a great deal of personal magnetism—a great deal of an individuality of assertion that always made him a commanding presence. He was ideally fitted by nature and habit for a great surgeon, and in accumulated information and in dexterity both of diagnosis and of operating, he had no superior. He shunned notoriety and refused the opportunities for being advertised that men of smaller

calibre would have seized upon, and which would have made him more widely known. But he had the respect and admiration of an entire community, and on a vote of his cotemporaries he would no doubt secure a pretty unanimous vote as the leading figure of his craft. The College of Physicians and Surgeons has been remarkably bereft of late in losing Clark and Agnew and Sabine, and now Sands.

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DR. FRANK G. BUCKBEE, one of the best known and most popular physicians in the Mohawk valley, died at Fonda, Tuesday, October 23, aged about 38. He was born in the town of Moreau, Saratoga county, but has lived at Fonda some sixteen years. He was a Republican in politics, and in 1881 was elected one of the coroners of Montgomery county, serving for three years. He was married ten years ago to Miss Kittie McLeish, of Johnstown, who, with their two daughters, Laura and Flora, survives him.

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THE UNIVERSAL EXPOSITION OF 1889 at Paris promises to be one of the largest and most successful of world's fairs. The French government extended a formal invitation to the United States, which was accepted by joint resolution of senate and house, and the president has appointed William B. Franklin commissioner-general



and Somerville P. Tuck, assistant commissioner-general. The exhibition will open May 5 and close October 31. 30,000 exhibitors and 12,000,000 visitors are expected. The enclosure, lighted with electricity, is 3,000,000 square feet, 75,000 of which is allotted to the United States.

The office of the United States Commission to the Paris Exposition of 1889 is at 35 Wall street, New York city.

\* \* \*

THE class of '90, Albany Medical College, has elected: President, William H.

Happel, Albany; vice-president, F. M. Clement, Albany; secretary, Thomas Helme, Jr., McKownville; treasurer, William J. Green, Saratoga; marshal, M. A. Steele, Nashua, N. H.; chaplain, C. M. Crosby, Malden; historian, I. T. Sutton, Otsego; executive committee, president *ex-officio*; Arthur G. Root, Albany; John A. Hagar, Fonda.

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DR. ROBERT M. ANDREWS (Albany Medical College, '88) died at Guilderland, N. Y., October 10, 1888.

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## BOOK NOTICES.

THE EAR AND ITS DISEASES. By Samuel Sexton, M.D., Aural Surgeon to the New York Eye and Ear Infirmary, etc. Edited by Christopher J. Colles, M.D., Assistant Aural Surgeon to New York Eye and Ear Infirmary. 461 pp., octavo. New York: William Wood & Company.

Dr. Sexton has been aided in the production of this fine volume by his assistants in hospital work, Drs. William A. Bartlett, Robert Barclay and C. J. Colles, who prepared a card index to all his records, comprising some 40,000 reference cards, revised and classified the same, and provided many original drawings and diagrams to illustrate the text.

About forty pages are devoted to the important topic of excision of the drum-head and ossicles for otorrhœa and deafness due to chronic catarrh of middle ear.

The subject of concussion from the blast of explosives is illustrated with full-page views of the scene of the notable shell explosion at Sandy Hook, October, 1886.

All the more practical contributions of the author to medical journals, both home and foreign, for the last fifteen years, are incorporated in the book, excepting much that has in the meantime become obsolete.

EXCESSIVE VENERY, MASTURBATION, AND CONTINENCE, ETC. By W. Howe, M.D. 299 pages, \$2.75. Published by E. B. Treat, 771 Broadway, New York.

This volume contains the substance of a course of lectures delivered in the Medical Department of the University of New York.

The peculiar methods of treatment employed by various authorities in Europe and America, including hydropathic and homœopathic, and the results of the author's large individual experience, are presented.

The use of tincture of iron, although advised, is not dwelt upon so persistently as is done by Milton.

Damiana is dismissed with the statement that it is the latest aphrodisiac, but that the author has not used it.

Many excellent formulæ are given, and valuable directions for diet, for baths, and for the application of electricity. The latter agent has given some remarkable results.

The book abounds in details for the management of a peculiarly delicate and distressing class of cases.

SECOND ANNUAL REPORT OF THE STATE BOARD OF HEALTH AND VITAL STATISTICS OF THE COMMONWEALTH OF PENNSYLVANIA. Transmitted to the Governor, December 1, 1886.

Legislative permission for the printing of this report was not accorded until near the close of the session. Reports of other departments, previously authorized, took precedence, and further delay was entailed.

The handsome volume of 1056 pages is a valuable addition to the library, containing important essays on subjects in sanitation, hygiene, longevity, heredity, causes and prevention of disease, diet, drugs, etc., illustrated with engravings and charts and a cover-pocketful of maps.

We are under obligations to Benjamin Lee, M.D., secretary State Board of Health, 1532 Pine street, Philadelphia.

COMPENDIUM OF LAWS RELATING TO PUBLIC HEALTH AND SAFETY OF THE STATE OF PENNSYLVANIA, and decisions of courts relating thereto. Benjamin Lea, M.D., secretary, Philadelphia.

A few of the topics are: Quarantine, Nuisances, Water, Street Cleaning, Swamp Lands, Adulteration of Foods, Medical Practice, Cemeteries, Explosives, Protection of Employés, Weather Bureau.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, U. S. A. Authors and subjects. Vol. IX. Medicine (Popular)—Nywelt. Washington, D. C.: Government Printing Office. 1888.

#### EXCHANGES, PAMPHLETS, ETC.

*The Journal of Ophthalmology, Otology and Laryngology*, a new quarterly, will be issued in January, 1889, from the press of A. L. Chatterton & Co., New York. It will be edited by George S. Norton, M.D., assisted by Charles Deady, M.D. Subscription price \$3.00 per year.

*Brailhwaite's Retrospect of Practical Medicine and Surgery*. Uniform American edition, \$2.50 a year in advance; half-yearly parts, \$1.50. W. A. Townsend Publishing Co., New York city.

"Hand-Book of Pharmacy and Therapeutics (Lilly)." Third edition, 248 pages, thoroughly revised. Eli Lilly & Co., Indianapolis, July, 1888. The aim of this book is, as stated in the introduction, "to furnish the busy practitioner a reliable means of ready reference, at once concise, systematic and authoritative, to which he may refer with confidence in cases of doubt. Younger members of the profession and medical students will find this little work full of suggestions." It will be sent free to any physician, druggist or medical student by addressing Eli Lilly & Co., Indianapolis, Ind., mentioning this journal.

*The University Medical Magazine*. Edited under the auspices of the Alumni and Faculty of Medicine of the University of Pennsylvania. A new monthly journal, adopted by resolution of the Faculty of Medicine of the University of Pennsylvania, the first number of which will be issued October 1st, 1888. A. L. Hummell, M.D., publisher, 224 South Sixteenth street, Philadelphia, Pa.

*The Australian Journal of Pharmacy*, Melbourne, Australia. Large octavo, 42 pages monthly, 10s. 6d. a year.

*Colorado Weather*. Bulletin of the Colorado Meteorological Association, Colorado Springs, Colorado. Monthly, 50 cents a year.

"Conditions Rendering Diagnosis Difficult in Pelvic and Abdominal Diseases," with illustrative cases, discussions, etc. T. B. Harvey, M.D., LL.D., Indianapolis.

"Transactions Medico-Legal Society." Clark Bell, Esq., president. Reprint from *Medico-Legal Journal*, New York.

"Suicide and Legislation." By Clark Bell, Esq., president Medico-Legal Society. Reprint from *Medico-Legal Journal*.

"Chronic Rheumatic Laryngitis." By E. Fletcher Ingalls, A.M., M.D., Chicago. From Transactions Illinois State Medical Society, 1888.

*The Physician's Pocket Day-Book*. Designed by C. Henri Leonard, M.A., M.D. Size, 7½ inches long, 3½ inches wide and ¾ of an inch thick. Bound in red morocco for the pocket; pencil loop and flap, red edges. Price \$1.00, postpaid. The Illustrated Medical Journal Co., publishers, Detroit, 1888.

"Annual Report of Murdock Free Surgical Hospital for Women," Boston.

"Lovell's Bulletin of New Publications," 14 and 16 Vesey street, New York.

# ALBANY MEDICAL ANNALS.

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DECEMBER, 1888.

No. 12.

## REPORT OF THIRTY-FIVE CASES OF CROUP TREATED BY INTUBATION OF THE LARYNX.

(WITH ILLUSTRATION.)

ELEVEN RECOVERIES AND TWENTY-FOUR DEATHS.

BY WILLIAM HAILES, JR., M.D., ALBANY, N. Y.,

(*Albany Medical College, '70.*)

ANTHONY PROFESSOR OF HISTOLOGY, PATHOLOGICAL ANATOMY AND CLINICAL SURGERY, ALBANY MEDICAL COLLEGE.

[*For Albany Medical Annals.*]

I desire to report thirty-five cases of stenosis of the larynx, and wish to call your attention to only a few points in which special mention is needed.

Five recoveries occurred in the first sixteen cases; then followed nine successive cases without a recovery. This was owing to being called in too late and also to the fact that a very fatal type of croup prevailed during the latter part of the winter and spring.

The introduction of the tube is accomplished without much difficulty, and one grows accustomed to perform it with confidence and ease. The extraction of the tube is usually very readily and easily done, but occasionally great trouble is experienced, either owing to the head of the tube being partly covered by swollen membrane or obstinate resistance on the part of patients, etc. I am usually a little anxious about the extraction of the tube, but never have failed in getting it yet.

### NOTES.

CASE V.—*Difficult Extraction; Recovery.*  
Consultation with Dr. Hennessy.

M. H., female, *æt.* 2 years. Diphtheritic patches upon tonsils and pharynx of three days' duration. Marked stenosis and recession of sternum, and cyanosis. Resp. 45, pulse 140. Intubated. Dyspnoea entirely relieved, but patient continued restless and feverish. Used rectal alimentation and fed by tube in *œsophagus*. On fourth day patient's symptoms became comfortable, but she was very weak.

On fifth day I attempted to remove the tube, but, after several trials, failed. I could not succeed in uncovering the head of the tube, on account of the swelling of the mucous membrane of the epiglottis and ary-epiglottidean folds. Thinking best not to try any more that day, we desisted, and attempted its removal on the sixth day, with no better success than before. The child had such great power in the muscles of the tongue and constrictors of the pharynx that every time an attempt was made to extract the tube she would resist most stubbornly, preventing my reaching the head of the tube with my finger. The little patient



struggled and choked until she became markedly cyanosed. There followed a series of marked convulsions. We were obliged to stop; the child had ceased to breathe, and we inverted her, used artificial respiration, etc., and after very anxious moments she slowly recovered and began to breathe regularly again, and we wisely concluded to allow the tube to remain at least for another day. I never had had such serious trouble before in extracting, and began to feel very anxious, although the tube could do no harm if it remained for weeks *in situ*. The parents were unreasonable, and said, "You put it in; take it out *now*."

On the seventh day the last and successful attempt to extract the tube was made. Patient was chloroformed, and a double ligature was passed on each side of the frenum linguæ, in order to draw the tongue well forward and assist in lifting up the larynx. A finger was applied to each side of the larynx to raise it still higher, and after repeated efforts we finally succeeded in extracting the tube. The patient made a good recovery, but the voice remained imperfect for some months, but is now normal. She passed through an attack of chicken-pox, and is now well.

CASE X.—*Recovery*. Consultation with Dr. Papen.

B. La F., female, æt. 5½ years.

Intubated five times—on second, third, fourth, fifth and sixth days. Duration before intubation, seven days. Had great recession of sternum; cyanotic and restless. Intubated easily, with great relief of symptoms; but upon second day the tube became plugged with membrane and mucus, and strangulation was imminent; the child expelled the tube. The croupy respiration returned immediately, and I was again summoned.

Thinking that we could delay with safety, I waited several hours. All urgent symptoms returned, and I was obliged to intubate to save the child's life. She immediately became comfortable, but fourteen hours later the tube became plugged with membrane and secretions, and was expelled again, and so repeatedly on the fourth, fifth and sixth days. Each time I waited until urgency of symptoms demanded intubation, and would brook no delay, the parents beseeching its performance.

On the seventh day, after the last expulsion, she still had stridulous respiration, and it continued for more than a week afterwards, but not so as to demand intubation. All bad symptoms slowly disappeared, and she made an excellent recovery.

This case demonstrates clearly the duration of stenosis during the attack, and the wonderful efficiency of the tube, and shows conclusively to how great a degree we are dependent upon the instruments and methods devised and perfected by the inventive genius and delicate skill of Dr. Joseph O'Dwyer in the treatment of these difficult and desperate cases.

CASE VI.—*Recovery*. Consultation with Dr. Gorham. This was the most convincing of all and serves as a type.

B. A., female, æt. 4½ years. Had been complaining of croup for four days, and had gradually grown more and more croupy; grayish-white patches were on the tonsils, palate and pharynx. This case was extremely urgent in every particular; great restlessness and imminent suffocation. Intubated at once; prognosis most unfavorable. The breathing was relieved immediately, the respirations fell from 45 to 20, and the patient slept with mouth closed, but continued restless

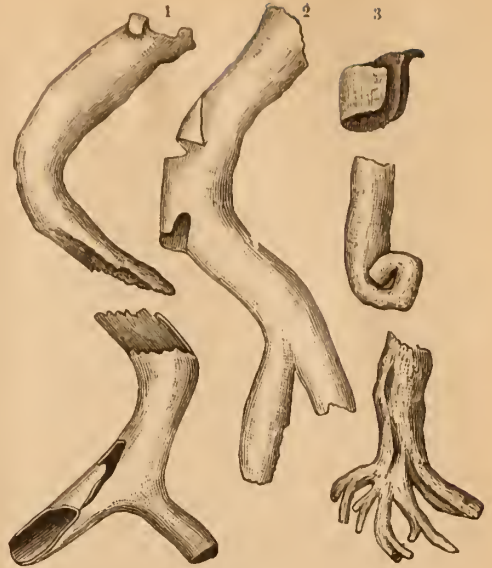
and feverish for several days, when she gradually became comfortable, taking interest in objects about her. At the close of the fifth day, when all danger seemed to have passed and she suffered very little inconvenience from the presence of the tube, swallowing very well, the tube was removed without any trouble whatever upon the first introduction of the extractor. The difficulty in breathing returned directly, and the little girl cried out, "O doctor! put it back again, I can't breathe." We soothed and watched her, and the temporary spasm of the glottis, which had been making the trouble, passed away. She was then able to "eat, drink and be merry," and is now perfectly recovered.

The ninth, eleventh, fourteenth, sixteenth, twentieth and twenty-fifth cases were apparently hopeless, being called in consultation too late. They were cyanotic, with feeble and irregular pulse, pulmonary complication and septic poisoning, and even unconscious—yes, moribund; and I simply intubated to satisfy the frantic parents, and left the string fastened to the ear. The helpless infants revived, became quite comfortable, partook of nourishment, and seemed as if on the way toward recovery, but died from pulmonary complications; some lived as long as four and a half days after intubation.

It was in the hope that some of these most desperate cases may happily come through that the little ones were not left to the certain fate which awaited them.

CASE XXXV.—*Triple Cast of Larynx and Trachea down to Bifurcation, with Intubation and Recovery.*

C. T., æt. 5½ years. Consultation with Dr. Ullman. Showed croupy symptoms October 22; became rapidly worse, and was intubated on the 24th inst. She



TRIPLE CAST OF LARYNX AND TRACHEA  
IN CASE OF MEMBRANOUS CROUP.

(Specimens in the possession of Author.)

coughed up a cast of the trachea through the tube—*see cut* (No. 1.) It came up in two pieces, and caused considerable dyspnoea and symptoms of strangulation. Patient did not breathe well, and tube was removed by extractor. Symptoms of stenosis returned immediately, and after a few hours was re-intubated. Patient continued restless and feverish, pulse ranging from 150 to 120, temp.  $103\frac{1}{2}^{\circ}$  to  $101\frac{1}{2}^{\circ}$ , resp. 55 to 35. Casts and albumin in urine and foul patches on tonsils, pharynx and palate.

October 25, respiration became labored and rapid, and a second cast of trachea—*see cut* (No. 2)—was coughed up through the tube; patient was nearly asphyxiated, but succeeded in coughing up the membrane and clearing her larynx. Patient still restless and feverish; temp.  $103^{\circ}$ , resp. 45.

On Saturday, October 27, at 1 A. M., the tube again became obstructed by the *third* cast of the trachea—*see cut* (No. 3). This effectually blocked up the tube, and

the patient became cyanotic and in the last stages of strangulation, when the mother of the child inverted the patient, and by means of her finger hooked out the tube from the larynx, by getting her finger-tip under the head of the tube and starting it out of its place. The pressure of imprisoned air behind it forced it up into the pharynx, and the brave mother grasped it and flung it upon the floor. Stenosis of larynx still present, rapid respiration, etc., but did not find it necessary to intubate again.

The after-history of this unusual case is interesting. A severe bronchitis, catarrhal and septic, supervened, and her course toward recovery was slow, complicated by a desquamative nephritis, with casts and albumen in urine, and anasarca of both extremities. She had paralysis of the muscles of deglutition; food, both solids and fluids, came through

the nose. She also had strabismus for several weeks. Almost complete aphonia was present.

She finally made a very good recovery; her voice is returning, her strabismus has disappeared, she swallows well, and her urine no longer contains albumin nor casts, and, under tonics, etc., is in good condition, considering the severity of the ordeal through which she has passed.

This is the only case of membranous croup in which I have ever seen or heard of the membrane forming three times, and it is curious to note that the period of re-formation of the membrane was about forty-eight hours, the last cast of trachea—*see cut* (No. 3)—being more firm in consistency, and it rolled up into a solid plug—*see cut* (No. 3) *middle fragment*—and it was this piece which came so nearly causing the death of the little patient by strangulation.

## DYSMENORRHOEA.

A CLINICAL LECTURE DELIVERED BEFORE THE NEW YORK POST-GRADUATE MEDICAL SCHOOL.

By HORACE TRACY HANKS, M.D., NEW YORK,

(*Albany Medical College, '61.*)

PROFESSOR OF DISEASES OF WOMEN.

[*Reported for Albany Medical Annals by Dr. Sarah Post.*]

The subject of dysmenorrhœa embraces a large number of pathological conditions. The time has gone by when the physician could depend upon a pencil of iodiform introduced into the uterine cavity, and believe that he had done all that was required or expected of him, in this class of cases, to relieve the existing pain. The conditions which result in dysmenorrhœa vary. A few of these conditions, with their appropriate lines of treatment, will be discussed this morning.

CASE I. is a young woman suffering from dysmenorrhœa since her marriage only. The pain of which she complains is located in the left side of the abdomen, low down. It precedes the flow for two or three days. The patient complains also of a yellow discharge preceding and following the menstrual flow.

The physician who is now examining her finds retroversion of the uterus, the cervix pointing forward and upward, and the fundus backward and to the left side.



There is great hyperæsthesia, no increase of temperature, but much induration and fixation upon the left side. The fundus cannot be lifted more than one-half inch, and that not without severe pain. We have here, besides the displacement of the uterus, a peri-metritis, peri-uterine inflammation, located upon the left side, and, upon further examination by myself, I find the ovary and tube of the left side involved in this inflammation, bound down, and holding the fundus firmly in this abnormal position. You will notice that I dip my sound first in vaseline and then in a 50 per cent. carbolic acid solution, making it absolutely aseptic before introducing it, and that the sound is used with the greatest gentleness while the patient is in the Sims position. As I pass the sound, you notice the patient's expression of pain. This extreme sensitiveness to the sound does not exist in the healthy uterus. You notice the exaggerated expression of pain when the sound passes the internal os, and again when the fundus is reached. We have here, then, quite positive evidence of an endo-cervicitis, an endo-metritis and a peri-metritis. The dysmenorrhœa, in this case, should be referred to these conditions, together with a retro-lateral displacement of the uterus, which is held down by the exudation.

Gentlemen, a dysmenorrhœa and excessive vaginal leucorrhœa, dating from marriage, point to possible latent gonorrhœa in the husband. There has been in this case, probably, infection, and vaginitis, followed by invasion of the endometrium and left tube. There is, however, no distinct tumor in this case. It is not a case for removal of the tube. This patient has already been improved by treatment by my assistant, Dr. Thompson, and we shall go on with the present

routine, which consists in painting the vaginal vault and posterior fornix upon the left side with iodine and packing it about with tampons of cotton saturated in a solution of boracic acid in glycerine, the whole being maintained in position by a dry tampon. Iodine will also be painted over the left ovarian region of the abdominal wall every fourth day, and a blister will be applied just before the flow, and the patient will receive the hot douche during the intervals between her tampons. She will be given a simple laxative, like the rhubarb and soda mixture or the Hunyadi water. If you want these cases of endo-metritis and perimetritis to do well, you must never allow them to become constipated and to strain at stool.

One of the gentlemen asks whether I shall use a pessary in this case. I answer, No. Pessaries should not be used when there is any sense of fixation. Pessaries can be applied only to cases in which the uterus is movable. In the course of two or three months, perhaps, if the displacement still exists, we may use a pessary in this case. Another gentleman asks whether I shall treat the endo-metritis with intra-uterine applications. I shall not. I seldom use intra-uterine applications in chronic endo-metritis, and seldom curette, unless I discover fungosities. You will find many eminent authorities advising this measure, however. Dr. Thomas Addis Emmet seldom makes intra-uterine applications, and at the Woman's Hospital our patients get well quite as rapidly as at other places. The tampon, the hot douche, and the iodine to the vaginal vault, the laxatives and tonics, so alter the circulation in the parts as to cure in this way the inflammatory condition, and the dysmenorrhœa ceases when the cause is removed.

CASE II. is that of an unmarried woman, 26 years of age, a domestic, well nourished. She is required to do a great deal of running up and down stairs. She first menstruated at 17 years. Her pains are in the back, both inguinal regions, and down the thighs and legs. These pains are so intense that she is obliged to go to bed. Menstruation recurs every eighteen days. Thus for five days out of every twenty-three she is incapacitated for work, a serious matter for a working girl. The degree of her incapacity is shown by the fact that, although a poor girl, on a servant's wages, she has come from a distance and is paying her board in the hospital, in the hope of relief. Her physician, a very intelligent man, has been unable to find any pathological condition to account for the distress complained of.

The patient being fully etherized, I shall now proceed with a careful examination. I find no ovarian displacement in this case, no para-metritis nor perimetritis, no fixation of the uterus. The trouble in this case is undoubtedly all in the uterus. I find this organ in position, but quite small, indurated and ante-flexed. I propose to dilate the cervix and pass a curette over the endometrium, expecting to find some fungosities, and hoping to profoundly influence the uterine circulation. I show you a set of hard rubber dilators which bear my name. These answer very well for office use, where it is desired simply to enlarge the canal for an application. To obtain the result desired in this case, more force will be required, and I shall use, in preference, a two-bladed steel screw dilator. I show you one of these instruments, which may be obtained of Tiemann & Co. It is distinguished by the crenated, or scalloped, outside border of each blade

and the decided strength of its parts. The first peculiarity effectually prevents the slipping of the instrument, and the second assures the equal dilatation of the internal and external os. Many of these instruments are so frail that the points bend under the pressure to which they are subjected. I consider this instrument better than the \$10 and \$12 Sims or Goodell instruments, and it is less expensive. Always in using rapid division employ an anæsthetic, as the pain of rupturing the circular fibres at the internal os is intolerable without it. I have now completed this dilatation to the extent of one inch. Having left the instrument in position for about three minutes, I remove it and proceed to the use of the curette. I show you here an instrument consisting of a handle and four curetting points, varying in size and shape, one of which is the Sims sharp curette, another Dr. Thomas' flexible wire curette, another my own flexible cutting curette. In this case we shall use this instrument which bears my name, as it is more certain than the Thomas, and safer than the Sims curette. You will notice that I have removed several fungous growths. There has been in this case, therefore, an acute, followed by a chronic endo-metritis and decided cicatricial contraction of the internal os, attended with an ante-flexion. An intra-uterine douche will now be used. I show you the double cannula, to which the Davidson syringe is attached for this purpose. The intra-uterine glass, or rubber plug, is next inserted. This glass stem which I hold in my hand is too long, being  $2\frac{3}{4}$  inches, while this uterine cavity itself is but  $2\frac{1}{4}$  inches. We must not use a stem so long that its distal end is in continual contact with the fundus. *This* rubber stem, with a

length of two inches, will be more suitable. It is easily inserted and held in place by a cotton tampon.

A gentleman asks the object of the stem. The object is to hold that which has been gained by the operation; that while resolution takes place there can be no anteflexion or contraction of internal os if the stem is *in situ*. The patient will be kept in bed for a week, and she will wear the stem perhaps for a month. Later it will be retained *in situ* with a cup pessary. In case of fever or nausea supervening, the stem will be removed and the hot douche used.

CASE III. is that of a single woman of 32 years. She was referred to me by Dr. Robinson, of Pennsylvania, one of our matriculants of 1887. This patient has for thirteen years suffered the most violent dysmenorrhœal pains—so intense, in fact, that opium, and even ether or chloroform, has had to be resorted to at each period. Her pains have been absolutely unbearable, always preceding the appearance of blood.

Upon this case, as many of you remember, three weeks ago I performed an operation for removal of uterine appendages, finding a pyo-salpinx upon one side the size of an English walnut and a hemato-salpinx much larger upon the other side. For several years, at least, every ovum and all oozing from the ruptured Graafian follicle had been shut off from the possibility of entering the uterine cavity, as both tubes were closed, and the fimbriated extremity of each was held, by adhesion, far from its companion ovary.

The patient is now ready to return to her home. One menstrual period has passed without any flow and with absolutely no pain. The expression of the woman's countenance, even, has under-

gone a marked change in this short time, as some of you will remember, and she leaves the hospital well and happy.

CASE IV. is yet another type of disease. But still the dysmenorrhœa is the one symptom of which the patient complains. She is 24 years of age, two years married, never pregnant. She is well nourished, and is apparently a perfectly well woman. She informs me that she menstruates every twenty-five days; that her menstrual flow lasts about four days; that she last menstruated October 15; that she has no pain until an hour before the blood appears; that at times during the flow she has no pain, and again has most intense pain, which is followed by the expulsion of a clot of blood and at times some shreds of membrane, and once or twice, she states, a cast of the cavity of the womb has been expelled. You find the cervix considerably indurated and tender, the uterus normal in depth and position and shape, not fixed. On removing the sound, blood follows. The most sensitive part which the sound strikes seems to be near the internal os. In introducing my own finger in the rectum, and on making a more careful bi-manual examination, I learn now that there is no peri-metritis or para-metritis, no undue sensitiveness in rectum. On inquiry she tells us she has never had shreds of membrane expelled from the rectum. I ask this direct question, as the chronic endometritis which causes membranous dysmenorrhœa is often associated with or accompanied by a very similar inflammation in the rectum: What shall we do to relieve our patient? I know of no one remedy that can be taken internally or applied locally that will result in a rapid cure. Sometimes the cure of a peri-metritis cures the dysmenorrhœa. At



another time a lacerated cervix has to be restored before the patient will recover. Here a chronic cervicitis and endometritis must be cured before we can expect to prevent the growth and expulsion of this dysmenorrhœal membrane. To do this, I shall have our patient enter the hospital, give her ether, and rapidly and forcibly dilate the cervical canal up to three-fourths of an inch. I shall then thoroughly douche the uterine cavity with 1 to 1000 bichloride, hot solution, then curette all portions of the endometrium, then paint the cavity with Churchill's tincture of iodine. After this a few glycerinized pads, and opium if needed. The patient will then need to be kept quiet in bed for six or eight days and vagina douched daily with hot water. Later, every fourth day the cervix and utero-vaginal junction should be painted with iodine and dressed with antiseptic pads in the usual way. The bowels must be kept free with saline laxatives. The lower abdomen, if possible, should be massaged every day. Probably the treatment *par excellence* for these cases is electricity, with the negative electrode in the uterine cavity and the positive on the abdomen or in the rectum. The congestion must be relieved and healthy circulation stimulated in the uterus and its environments. One week before the menstrual flow the cervix may be depleted advantageously by

drawing from it an ounce of blood. In three months we may hope to have the patient well—we cannot cure her in three weeks.

For the immediate cure of the pain in all these cases of dysmenorrhœa the use of anodynes may sometimes be justifiable, but there is always a fear of the possibility of the patient becoming habituated to their use. Electricity, either the constant or the interrupted current, will invariably relieve. Chloral per rectum, at the time, or a pencil suppository of iodoform and cocaine inserted in the uterine cavity, one day before menstruation, will generally relieve the pain. Ten to fifteen grains of antipyrine may sometimes be given, and it has often helped me of late.

We have thus given you four pathological conditions which are attended with dysmenorrhœa. There is still another cause for this menstrual pain, and I regret that I have no patient to illustrate it at this time. It is the dysmenorrhœa which is present in anæmic and chlorotic women, and is a typical neuralgic pain.

It will thus be readily seen that there are many different pathological conditions which cause dysmenorrhœa, and the treatment must of necessity be very varied; and, to be judicious, we must understand the pathology and treat each case on its own merits.

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**IRREGULARITIES OF THE TEETH**, which I have denominated constitutional, prevail to a greater extent among the idiotic, deaf and dumb, and blind, than among an equal number of strong and healthy persons.

It may be seen that not only is the brain matter deficient in the feeble-

minded, but many cases are seen which demonstrate that the osseous system is also generally defective.

When premature ossification of the sutures at the basis cranii takes place, the antero-posterior diameter is shortened, producing arrested development of the superior maxilla.—*E. S. Talbot, Jour. A.M.A.*

## THE INFLUENCE OF MATERNAL IMPRESSIONS ON THE FŒTUS.\*

BY FREDERICK L. CLASSEN, M.D., ALBANY, N. Y.

*(Albany Medical College, '81.)*

The belief, held by many, as far back as Plato, is becoming stronger now, that the condition of the mother's mind has a great influence upon her unborn child; that not only deformities may result from maternal impressions, but that modifications of the moral and intellectual character of the child, as manifested in after years, may have their origin in the mental state of the pregnant woman. Hence she should be guarded from all injurious influences and painful sights. There are some women so highly impressionable as to react to the slightest nerve stimulus; and from the moment of fecundation the ovum is exposed to various influences which may alter its normal development.

During my first year of practice, a lady, advanced to the eighth month of pregnancy, called at my office, wishing to have a tooth extracted. She asked me if it would do any harm to her unborn child. I told her I did not think it would. I delivered her one month later of a dead child. I have always thought that the death of the child was caused by the extraction of the tooth.

Having this case in mind, I have always deemed it inadvisable to do any tooth-pulling for a pregnant woman. And yet, about three months ago, a lady, of an extremely nervous temperament, wished to have six decayed teeth extracted. She asked me if it would injure her in any way, as she had then gone about three weeks over her menstrual period. I told her it might produce an abortion. "Well," said she, "I will have to run the risk, as I cannot stand the

pain." She was put under ether, and the teeth extracted. No abortion followed. She now asks whether the child will be marked.

Many writers are opposed to the theory of maternal impressions, and claim that the deformity is due to an arrest of development or to coincidence. I would mention Dr. J. G. Fisher, of Sing Sing, N. Y., who prepared a very able and scientific paper entitled "Does Maternal Influence Have Constructive or Destructive Power in the Production of Malformations or Monstrosities at any Stage of Embryonic Development?"\* I will quote some of his deductions:

1. "That traditional superstition has perpetuated the notion that malformations are the result of mental emotion."

2. "That the medical profession is in no inconsiderable degree responsible for the existence and continuance of this popular error."

3. "That various intense emotions are common with gestating women, and apprehensions of malformation of their offspring exists in the minds of a large portion, yet abnormal births are extremely rare."

4. "That there is nothing like law in the alleged results of maternal mental influence in the production of malformations."

5. "That the occasional apparent relation of cause and effect is due, in most instances, to accidents, which would be far less frequent if the facts could be obtained *previously* instead of *subsequently* to the birth of the child."

6. "Such evidences are not sufficiently numerous and authentic to warrant a rational belief in the origin of monstrosi-

\* American Journal of Insanity, January, 1870.

\* Read before the Medical Society of the County of Albany, Wednesday evening, November 14, 1883.

ties from the perturbed emotions of the the mother's mind."

7. "Like causes produce like results, whereas we find that in a series of cases of any special variety of malformation mental emotions arising from a considerable number of dissimilar objects, even of the most diverse character, are assigned as the cause."

8. "In a large proportion of the cases of malformation, no mental or even physical explanation is offered by the parents or friends."

9. "There is no relation between the number and character of these mental emotions and apprehensions of pregnant women and the actual frequency and variety of malformations."

10. "That some of the assumed causes are alleged to have operated upon the embryo or foetus subsequently to the named period for the evolution of the part which is found to be the seat of the malformation, thereby implying a distinctive as well as a metamorphosing power."

12. "Malformations identical in kind and in degree recur again and again in the human subject, and admit of a sytemic classification, definite and distinctive."

13. "Every form of malformation and monstrosity in the human subject has had its exact morphological counterpart in the lower animals."

15. "The only rational and scientific explanation is to be found in pathological histology."

16. "Monstrosities are not the result of embryological and physiological laws; they are the products of embarrassments to normal development."

17. "Vices of conformation and monstrosities are due to either retarded or excessive development."

Dugas\* and Dr. Notman Bridge† oppose the theory; and Dr. D. S. Conant, in a paper read before the New York Academy of Medicine, on "Monstrosities," argues that anomalies are due to arrested development of the foetus, and not to

maternal impressions, based on the statement of Virchow that there is no nervous tissue in the umbilical cord, and the only means of communication between the mother and foetus is through the medium of the blood. In the discussion of the paper, Dr. Detmold opposed the theory, so also the late Dr. Peaslee, both saying that deformity was due to an arrest of development. The latter adds, however, the following: "When the pregnant woman becomes the subject of intense anxiety, fear, or other kinds of mental emotions, the offspring might be more or less impressed. The reason for this effect on the foetus could be explained by the close sympathy between the brain and uterus. The blood going to an impregnated uterus may be so altered in quality as to produce fatal effects on the foetus, if, after a pregnant woman is frightened, a monster is produced in a *general* instead of a *special* way by the arrest of development. For it is a well-known fact that the foetus, during its various stages of development, passes through certain conformations which in general appearance very much resemble those of lower animals."

Velpeau, Ryan, Demageon and Reinvielliers entertain similar views.

On the other hand, Montgomery, Rokitsansky, Carpenter (physiology), Dalton, Flint, Hammond, Allen Thompson, Fordyce Barker and E. C. Spitzka favor the doctrine of maternal impressions. The latter has written a very able and scientific article,\* in which he says:

"Those who discredit the evidence accumulated in support of the doctrine of maternal impressions may be divided into two classes. The first consists of those who, of a critical and analytical turn of mind, have unearthed so much

\* Southern Med. and Surg. Journal, Sept., 1886, p. 317.

† Chicago Medical Journal, Aug., 1875, p. 577.

\* Medical Classics," Vol. ii., Nos. 2 and 3, Aug. and Oct., 1883.



that is absurd or inconclusive in the related cases, that they have hastily assumed all to be of the same fallacious nature. The second comprises those whom I would designate as 'coarse materialists.' Let this term not be misunderstood! Every scientist is properly a materialist. But there is a class of writers and workers who cannot see beyond their fingers, who, in view of the fact that the great advance of science in this century has been owing to the methods of the laboratory, have gotten up a sort of spurious enthusiasm for the balance, the kymograph, microscope and thermometer, and with an assumption of hauteur, sneer down every thing that cannot be weighed, measured, chemically tested or photographed."

Again:

"I have never seen an idiotic, malformed child, or one afflicted with morbid impulses, derived from healthy parents of families free from hereditary taint in which a maternal impression could not be traced. In a large number a direct correspondence between the maternal impression and the nature of the deformity or peculiarity could be discovered."

After citing several cases, he holds that the doctrine of maternal impressions is maintained by the following facts:

1. One class of them is established to be due to such by statistical evidence.
2. Another class is established by the exact reproduction of the maternal impression in the foetus, so exact that all explanations based on the assumption of a fortuitous occurrence must be rejected.
3. Cases are recorded where the same cause produced the same effect in several instances.
4. Cases are recorded where a multiplicity of impressions on the same mother led to a multiplicity of defects in the offspring, all of them reproducing the original impression.
4. As already pointed out, the foetal defect is in harmony with the embryological law that the earlier the influence is excited in the germ, the deeper its effect—in other words, the greater the deformity.
6. The counter-argument of opponents of the

doctrine that the monstrosity is often quite unlike the impression to which it is attributed, is met by the fact just cited, and also by the fact that in ordinary (universally admitted) hereditary transmission the same defect is not necessarily transmitted. The transmission of maternal impressions conflicts in no detail with the laws of embryonic development and heredity. It is in complete harmony with them."

Also:

"One fact speaks strongly in favor of the truth of the doctrine of maternal impressions, and that is their consistency with embryological laws, and even with embryological experimentation. It is noted that in producing monstrosities by artificial methods, an interference with development at an early period produces a far greater malformation than one at a later period. In the foregoing series of cases it may have been remarked by the reader that deep defects, involving grave malformation of the brain, occurred in the first two months of pregnancy. That such involving absence of bony parts occurred before the sixth month, and that all birth-marks attributed to impressions occurring in the last month were at most skin deep. It is sometimes possible by a disturbance of a germ at a very early period of its history, to cause a division, in other words, a conjoined twin monster. All the two-headed children of mothers who had been impressed by the "two-headed nightingale" were attributed to impressions occurring in the first few days after conception, and consistently so, for such a deformity cannot be accounted for by causes operating after the second week."

Dr. Fordyce Barker has written:

It will be observed that all who disbelieve in this doctrine base their skepticism on what they regard as physiological reasoning, and chiefly on the assertion that there is no direct nerve communication between the maternal and foetal system, and that, therefore, nerve impressions cannot be transmitted to the foetus. Deformities, they urge, are due to arrest

of development, but no one has brought forward any sound physiological reason why this arrest of development may not have been caused by maternal impressions, affecting foetal nutrition by their influence on the maternal blood, as well as by falls, injuries, diseases, intra-uterine amputations by ligation of the umbilical cord, and the various other causes which have been assigned. Those numerous changes in foetal development where the effect corresponds with known maternal impressions, of which hundreds have been published, are considered as simply coincidences. But if mathematical calculation could be made as to the chances for such a coincidence, I believe that the odds would be so enormous as to be almost beyond enumeration. My personal acquaintance with the profession leads me to suppose that a very large majority utterly disbelieve in this influence, and I ascribe this skepticism to the fact that, while they find this belief almost universal, to such an extent as to cause great anxiety in many of their patients, especially if they have been subjected to any strong emotion, yet the verification of this apprehension is so extremely rare that probably not one in a hundred ever meets with a convincing case.

"Extremely rare as is the occurrence of cases which prove the result of this influence, yet I think the fact is so well proved by sufficient authentic evidence as to make it as certain as any other fact which cannot be explained by science, and there are many such. Indeed, in the light of all the evidence which has been accumulated on this point, it seems to me as reasonable to deny the occurrence of earthquakes because philosophy has not yet been able to give a satisfactory explanation of their cause."

One of the most frequent deformities impressing the mother's eye and transmitted in exact repetition to the child is hare-lip. Dr. Barker relates a case occurring in his own practice in which the influence of maternal impression seems well grounded.

"A lady was married at the age of twenty, when her father made her a present of a house. She was absent on her wedding trip for two weeks, and then went to the Gramercy Park Hotel to stay while her house was being repainted and decorated, and such furniture as she wished was selected and purchased. She had not menstruated since her marriage. On her first day at this hotel she went to the table d'hôte, and found herself seated opposite a gentleman with three daughters who all had hare-lips. (This family is well known.) The first glance at them made her so faint that she at once left the table, and always after took her meals in her private rooms until she moved to her own house. She never mentioned her reasons for this even to her husband, nor had she any suspicion that she was then pregnant. I attended her in her confinement, which was a very laborious one, and she was delivered by the forceps, profoundly under the influence of chloroform. I saw at once that the child had a double hare-lip, and sent for Dr. Carnochan, who had finished the operation before she awoke from the chloroform sleep. On becoming conscious she demanded to see her child, saying that she was certain that it had a hare-lip. I refused to allow her to see her child until the next morning, and gave her a full opiate. The operation was remarkably successful, the mother did well, and the child, now nearly thirty, would not attract attention by the appearance of his lip, but only by an indistinct articulation of a few words."

In a foot-note he adds the following:

"I may here say that this is the only case which has occurred in my practice in which any peculiarity of the child had been anticipated by the mother, although the apprehension has been strongly expressed by many."

As to the question of operation upon cases of hare-lip, whether it should be performed immediately or delayed until a later period, he says:

"My decision was in accordance with

my action in the present case. The same course was followed in two cases which I saw in consultation, and with a success which caused no regret."

He also relates a case which was told him by his friend, Dr. A. Brayton Ball, of New York.

"Mrs. B., a woman of highly nervous temperament, pregnant between two and three months with her first child, was much startled by seeing a child about ten years old with a hypertrophied, prolapsed tongue. The child's appearance was extremely repulsive, and so shocked Mrs. B. that she nearly fainted. From this time on she was apprehensive that her child would be marked in the same way, and this fear was shared by her aunt, who was present when the incident occurred, though the matter was never afterward referred to between them during the pregnancy. At birth Mrs. B.'s child presented exactly the same deformity. The tongue was hypertrophied, and hung down over the lower lip, but with this exception was perfectly formed. The tongue remained outside of the mouth until the child was several years old, and then gradually retreated into the cavity, but has always remained sufficiently large to interfere with the proper enunciation of words. No similar case has been known in either branch of the family, and several children have been born since then, all perfectly developed. I regret that I cannot state the exact period of pregnancy when the 'maternal impression' was made, as it happened nearly thirty years ago, but the date probably fell between the limits mentioned. Mrs. B., though not a patient of mine at the time, became so afterward, and her account of the case agrees in every particular with that given me by her aunt, who was with her when the incident occurred and at her confinement. I make no comment on the case, except to say that I regard it as in the highest degree improbable that the only relation between the two events is that of mere coincidence."

Dr. Arthur Coe, of Ann Arbor, Mich., reports the following:\*

"Mrs. O., aged thirty-two, two children, the elder aged twelve years, has always enjoyed good health. The left breast presented two nipples, the smaller or supplementary one being about two inches below the normal nipple. It was correctly proportioned and surrounded by a faint areola. The patient stated that during lactation the secretion flowed freely from the lower nipple, requiring the application of a bandage. The possibility of the supposed nipple being a fistulous opening with everted edges resulting from an old abscess, was considered, but a careful examination and a statement by the patient, to the effect that the two nipples had been present as long as she could remember, seem to be conclusive evidence against that possibility. An interesting point in the case centers in the possibility of the malformation being due to a so-called 'maternal impression.' Upon inquiry the patient stated that the mother when about two months advanced in pregnancy, was much startled on one occasion by a young kitten, which jumped upon her breast (the left) and seized the skin just below the nipple. She was much prostrated by the occurrence, which made a deep impression on her mind. The subsequent birth of the child with the peculiar malformation would seem to indicate some dependence thereon."

The cases that could be brought forward in which the theory of maternal impressions seems irresistible are numerous. It is difficult to account for so singular a transmission, as we know of no direct channel of nervous communication, nor can we assume that the circulating fluids can carry or interchange such influence. But let us not voluntarily blind ourselves to facts, as a "future with vastly larger knowledge of physiology and psychology may plainly read the mysteries hidden from our sight."

\* Medical Record, Oct. 20, 1888, p. 479.



## DISCUSSION.

[REPORTED BY W. O. STILLMAN, M.D., SECRETARY.]

Dr. R. D. CLARK mentioned a case of hare-lip; the mother had been startled in about the second month of pregnancy by seeing a hare for the first time. Another child he had lately seen which was born with a suppurating ear; in this case the mother had been suffering similarly during her pregnancy.

Dr. R. H. SABIN related a number of interesting cases, including a case of still-birth in which

there was no history of remembered maternal impressions.

Dr. JOHN THOMPSON mentioned a case in which a child was born blind after the mother had seen a dead child.

Dr. A. VANDER VEER, in response to a question by Dr. Classen, said that he thought that the feeling among surgeons was that it was better to operate for hare-lip at about six weeks of age, rather than at birth, as has sometimes been done.

## A FEW CASES OF DERMOID CYST.\*

BY J. H. MITCHELL, M.D., COHOES, N. Y.

(Albany Medical College, '87.)

The development of cysts containing hair, nails and other epidermic structures, as well as tissue resembling true skin, in various parts of the body, is not very rare; still, it is sufficiently so to invest with some interest the cases we encounter from time to time. Most authorities say that they have a predilection for location in the ovary, but that they are found in all parts of the body. I have lacked time for going over the literature of the subject at all thoroughly, but have noted a few cases here and there.

In the *Medical Record* for October 2, 1886, Dr. Hodenpyl reported a case of such a cyst, located in the ovary and broad ligament.

In the issue for the 26th of November, 1887, of the same periodical, there is a citation from the *British Medical Journal*, containing Dr. Biernacki's description of a case of retro-rectal dermoid cyst. This writer reports that he has found records of four other similar cysts. The citation is so general in its statements that I really cannot determine whether or not the cases I have seen would be of the same class with Biernacki's or not.

In volume XXXII., page 202, of the same periodical, Dr. Putnam-Jacobi re-

ported a case of dermoid cyst by inclusion.

In "Reynold's System" these cysts are spoken of in a way calculated to make one suppose that those located otherwise than in the ovary or broad ligament were quite rare; we are there told that, though occurring most frequently in the ovary, they "have been met with in other regions."

The first case to come under my observation was that of C. D., aged 28, and by occupation a carder. In the summer of 1880, he fell from a hammock, alighting on his buttocks and receiving quite a severe shock; about four years afterward he noticed a slight discharge from between the nates, above the anus; this discharge was, at first, thin and watery, but, later on became thicker and bloody; it also increased in quantity. It emanated from two small openings in the coccygeal region. About a year after having first noticed this discharge, he consulted a physician with reference to it; upon examination the physician found, and told the patient, that the discharge came from the two small orifices already mentioned; he prescribed an ointment, which the patient used for three months, at the end

\* Portion of vice-president's address before the Medical Society of the County of Albany, Tuesday, May 8, 1888.

of which time a large abscess formed at this part. At about this time, the patient applied for my services; I found the abscess, already mentioned, and that it was discharging pus. My attention was particularly attracted by a light-colored hair which projected from one of the orifices, and which, as I pulled it out, proved to be two inches long; thereafter I removed several in a similar manner. Dr. Vander Veer was consulted at my suggestion, and it was decided to open up the fistulous tract, which was done six weeks later. The operation consisted in making an incision in the median line over the coccyx, and removing the contents of the cyst; the contents were pus and hair. The wound was permitted to heal slowly. About a month after the operation, a second abscess formed, lower down, necessitating a second operation, similar in all respects to the first; the wound of this operation healed kindly without the accompaniment of any incident worthy of notice. Over two years have since elapsed and there has been no recurrence of the trouble. As possibly connecting this case with case III., I would say that after the operation, this patient suffered with rheumatism.

My second case was that of H. S., aged 27, a strong, healthy man who had no recollection of ever having been sick. He consulted me August 15th, 1887, complaining of moisture and a slight discharge in the coccygeal region. Before applying to me, he had been annoyed by this discharge for about a year, but had paid little attention to it, supposing, as he said, that it was due to "chafing." Upon making an examination, I discovered three openings, about four inches above the anus, over the coccyx. A probe, which I passed in these, did not impinge upon bone; from the elasticity of the resistance with which the probe met, I

concluded that I had to deal with some sort of a sac. The same result followed my endeavors to pass the probe in each of the openings. As the patient was a foreman and could not well leave his work during the warm months, the operation was postponed; I finally performed it on the 20th of January of this year, Dr. G. H. Billings, of Cohoes, assisting. Ether was given, and an incision about four inches long made over the coccyx and sacrum; the sac was entered and found to contain about an ounce of pus and a large wad of hair. The contents of the sac having been removed, the wound was thoroughly cleansed, dressed antiseptically, and allowed to heal from the bottom, which it did satisfactorily.

Case III., occurred in the practice of Dr. J. V. Hennessy, who has kindly furnished me the notes of it. B. D., aged 35, a butcher, reported his previous health as having always been good. During the last three months, before consulting Dr. Hennessy, he had noticed what he thought to be a boil, situated over the end of the coccyx. After some time it ruptured and a small amount of tenacious matter exuded from it. The patient said that at least six or eight times he had found a roll of from 30 to 40 fine black hairs protruding from the opening, and that each time he removed them; they averaged about one and one-half inches in length, and were unlike other hairs growing in the same region. When Dr. Hennessy first saw the patient, there was a tumor still remaining, about the size of a chestnut, at the extremity of the coccyx; the skin over it was thin and red. He declined to have any treatment for it. A few months later, while suffering from chronic rheumatism, and while taking iodide of potassium and wine of colchicum, the tumor entirely disappeared.

## ABSTRACTA.

THE RELATION OF MICRO-ORGANISMS TO INJURIES AND SURGICAL DISEASES was the subject of a paper before the American Surgical Association, at Washington, by Dr. Nicholas Senn, of Milwaukee, Wis.

No argument is required at the present time to show that many special conditions are due to the presence of bacteria. As regards so-called hereditary diseases, the author held that the specific microbes of specific diseases are transmitted from parent to child. As evidence he referred to osteo-myelitis in newly-born infants said to be inherited. In other cases this same origin may be inferred. Under certain circumstances pathogenic organisms may be present in healthy bodies. Acute suppurative infectious osteo-myelitis following slight injury or exposure was cited to illustrate this fact. This localization is favored by certain anatomical conditions. The paper was so extensive that in the limited time allotted to its consideration, the author was unable to refer to but few of the points which it contained.

In the discussion of the paper Dr. Roswell Park, of Buffalo, presented a table showing the number of cases in which pyogenic bacteria were found.

Dr. Wm. H. Carmalt, of New Haven, wished to refer to but one point, viz., the microbic origin of tumors. He had been unable to convince himself that tumors proper have a bacteriological origin. He thought the growths including syphiloma, lepra, lupus, actinomycosis and myelitis, should be taken out of the class of tumors and assigned to a class by themselves.

Dr. Senn, in concluding the discussion, said the diseases alluded to in his paper included only those in which the specific cause had been isolated—cultivated outside the human body—and in which the injection of the culture produces identical lesions. When these three things are done, positive proof is furnished that the disease is due to specific germs. In another class of diseases the three conditions referred to had not yet been fulfilled. So far it has not been shown that the supposed bacillus of syphilis was the specific bacillus. That syphilis is a specific disease cannot be doubted; but to establish positively, that it is due to a microbe, experi-

menters must accomplish what Koch did before he announced the specific origin of tuberculosis. He was finally convinced from his observations that tumors, in the true sense of the word, were not due to microbes. He had made tumor implantations for many years in animals and in justifiable cases in man, both close to the original seat of disease and at remote points, without obtaining the least evidence of the microbic origin of the disease.

EXCISION OF THE DRUM-HEAD was the subject of a paper by Dr. Samuel Sexton, of New York city, at the American Otological Association. He excised the drum-head and ossicles for the cure of long-standing purulent discharges from the ear. He said that in the greater number of cases of persistent otorrhœa coming under the surgeon's observation, the tympanic attic is the principal seat of disease, and naturally cannot be reached by the many domestic and trade remedies which are so often employed with great freedom before the case is seen by the surgeon. And in the usual management of such cases with syringe, cauteries and astringents, either wet or dry, according to vogue, it is surprising how much ineffectual work may be done in a conventional way in so small a receptacle as the drum of the ear. In no other branch of surgery has progress been so slow or are obsolete practices so persistently maintained as in the treatment of the ear. He spoke of the wonderful progress which had been made in other branches of surgery, and said he had been particularly interested in some operations on the joint which he had witnessed in New York. The results of these operations were revelations as compared to those of a little over a decade ago. That cases of chronic suppuration of the knee-joint, where effusion has been followed by caries with infiltration and suppuration of the sinews, had been radically treated by the removal, by the knife, of dead structures and the establishment of drainage, and were, when seen a few weeks afterwards, found to be cured. He was very much struck with the analogy which these patients presented to what existed in chronic suppurative diseases of the at-



tic of the drum, where we may have chronic inflammation of the muco-periosteal lining, with caries of its walls and of the ossicles, together with synovitis of the articular surface of the latter. And as in the knee-joint such imperfect drainage as exists takes place through sinuous outlets, in chronic synovitis of the knee-joint the modern surgeon no longer poultices and blisters and injects the parts with iodine and various astringents, etc., for an indefinite period, as is so often yet done in infiltration of the middle ear tract, but promptly applies the knife for the removal of diseased structures and establishes drainage. The several cases in which excision is indicated constitute a much larger class than is embraced in the comparatively few long-standing examples where the more prominent symptom is the occasional occurrence of a slight discharge through a sinus in the membrana flaccida. A radical cure by the knife seems called for, as in diseases of the joints, in cases where the patients have been long neglected or badly treated, and where the condition of the attic offers great obstruction to drainage. He said, in conclusion, that there was much to hope for in the treatment by excision, and while the ear can not in all circumstances be treated antiseptically, as can be done in the joints, free drainage can be generally insured, which constitutes the main feature of the treatment in chronic suppurative disease.

**PHTHISIS; NEW SUGGESTIONS.**—According to the Berlin correspondent of the *British Medical Journal* for October 27, 1888, Dr. Halter has recently studied the conditions alluding to the immunity from pulmonary consumption of workmen employed in lime-kilns, and offers some suggestions for the treatment of that disease. Dr. Halter says that he has been struck by the fact that in a country district which otherwise showed a large number of deaths from consumption, the workers in lime-kilns had without exception been exempt from phthisis during fifteen years. The fine chalk-dust which they inhale is, according to him, of as little importance as the dry soil on which they live. The essential thing is the hot, dry air which they constantly breathe. The temperature in which they work is from 50° to 70° C. (122° to 156° F.) The relative

moisture of the air never exceeds more than fifty per cent., so that the air there is similar to that of places most famous for their climate, such as Davos, Denver, San Remo, Cairo. A study of the geographical distribution of disease clearly shows that a region in which the air is dry is, other things being equal, less liable to breed consumption than one where the air is damp. It is at least impossible to expel air in any other way why phthisis occurs more frequently in the Alps, high up in the cloudy region (eleven hundred to fifteen hundred metres) than either above or below that level. The physiological explanation of this fact is found in the fact that processes of decay are little favored by dry air; the excessive secretion in the air-passages is dried up, putrid secretion thickened, calcification of tubercles promoted, tendency to pyæmia and miliary tuberculosis diminished. Of equal importance is the heating of the air. This is the case, first, because it is free from organisms, which are destroyed by the heat of the kiln; secondly, if air is heated it becomes more rarefied; one must, therefore, breathe more deeply and more quickly in order to get a sufficient quantity of oxygen, thus promoting a more perfect aeration of the lungs. The most favorable temperature for tubercle bacilli is between 37° and 38° C. (98.6° to 100.4° F.); they die at 41° C. (105.8° F.). Halter, therefore, thinks that a high temperature of the inspired air might warm the air in the lungs sufficiently to prevent the growth of the bacilli in them. He found by calculation and experiment that inhalation of hot, dry air of 120° to 180° C. (248° to 356° F.) raised the temperature of expired air to about 43° C. (109.4° F.)—that is, to a degree of temperature in which tubercle bacilli perish. The air which workmen in lime-kilns inhale is not so warm, but before they have got acclimatized to the atmosphere in which they work, the temperature of their expired breath rises considerably above the normal, and after acclimatization has taken place, pulse, respiration, perspiration, and metabolism are greatly increased. Thus, an imitation of what occurs in hectic fever takes place—heat, perspiration, etc.; and Halter thinks fever the most efficacious means of destroying pathogenic organisms and their products within the body.

He recommends, therefore, as preventives of tuberculosis of the air-passages and the lungs, the Roman hot-air bath and inhalations of dry air of from 50° to 100° C. (122° to 212° F.) by means of an apparatus which he has devised.

Dr. Weigert, of Berlin, is disputing with Dr. Halter the priority of this suggestion. The dispute is still further complicated by a publication in which Dr. E. Krull, of Güstrow, states that for more than two years he has made similar experiments, although he made them with damp air. The temperature of the inhaled air was, in Krull's experiments, not higher than 50° C. (122° F.), and yet the temperature of the expired air was not less than 107.6° F., a degree of heat which is fatal to the tubercle bacillus. His results were satisfactory, principally in cases of incipient phthisis.—*Therapeutic Gazette*.

**EARLY RISING.**—The following suits our theory (and practice) to a fraction:

All this talk about early rising is moonshine. The habit of turning out of bed in the middle of the night suits some people; let them enjoy it. But it is only folly to lay down a general rule upon the subject.

Some men are fit for nothing all day after they have risen early every morning. Their energies are deadened, their imaginations are heavy, their spirits are depressed.

It is said you can work so well in the morning. Some people can, but others can work best at night; others, again, in the afternoon. Long trial and experiment form the only conclusive tests upon these points.

As for getting up early because Professor Gammon has written letters to the papers proving the necessity of it, let no one be goose enough to do it.

We all know the model man, aged eighty:—"I invariably arise at five; I work three hours, take a light breakfast—namely, a cracker and a pinch of salt; work five hours more; never smoke, never drink any thing but barley-water, eat no dinner, and go to bed at six in the evening."

If anybody finds that donkeyfied sort of a life suits him, by all means let him continue it. But few people would care to live to eighty on these terms. If a man

cannot get all withered and crumpled up on easier conditions than those, it is almost as well that he should depart before he is a nuisance to himself and a bore to everybody else.

School-boys, and young people generally, ought to get up early, for it is found that nine-tenths of them can stand it, and it does them good.

But let no one torture himself with the thought that he could have been twice as good a man as he is if he had risen every morning at daylight. The habit would kill half of us in less than five years.

**THE PUBLISHING AND PATENT OFFICES OF THE "SCIENTIFIC AMERICAN."**—Perhaps some of our readers have visited the extensive offices of the *Scientific American*, at 361 Broadway, New York, but many have not, and to such the following account may be of interest. A correspondent who recently had this pleasure informs us that he was greatly surprised at the magnitude of the establishment. It suggested to his mind an enormous insurance company or banking house. At the main office, which is principally devoted to the patent business—forming as it does so important a part of the establishment—may be seen the members of the firm and their able corps of examiners. Ready access to the principals is afforded to every one; and here may be seen inventors from all parts of the country showing their models and drawings, and explaining their inventions. The models left by inventors form a large and interesting collection, and are kept in a room by themselves. The large corps of draughtsmen who prepare the patent drawings are for the most part experienced mechanics, electricians or engineers, some of them having been connected with the U. S. Patent Office. Most of the correspondence is carried on by type-writers, and this necessitates a separate department, where a number of experienced female type-writers and stenographers are constantly employed. The dark room, where the photographs of the patent drawings are copied, and where the photographs for the architectural department are developed, is also on this floor. On the floor above may be found the editorial rooms, compositors' and subscription room, and the engravers' department.

The Architectural Department occupies the top floor, and here may be seen the manager of this department, and also a number of draughtsmen at work preparing the plans and general designs for the *Architect and Builder* edition of the *Scientific American*, which is published monthly, and has attained a widespread circulation. The printing of the papers is carried on in a separate building. At the entrance of the main office, which alone occupies a floor space of 60 by 165 feet, may be seen one of Prof. Draper's remarkable recording thermometers, with which instrument a complete record is kept of the atmospheric changes. This barometer was built specially for the *Scientific American*, and it is a remarkably fine and sensitive as well as a very expensive instrument.

Some idea may be had of the extent of the business done at the office of the *Scientific American* when we state that over one hundred persons are employed by Munn & Co. on their several publications and in their extensive patent departments.

**POISONING FROM AN EXCESSIVE DOSE OF SULPHUR.**—In the *British Medical Journal* for November 3, 1888, Mr. Vaughan reports the case of a man who, having been suffering for some time from external piles, took one ounce of sublimed sulphur internally. He repeated the dose the following evening. The day after Mr. Vaughan reports that he was hurriedly summoned, and he found the patient on his back in bed, utterly prostrate and partially insensible. He had had repeated rigors during the day, and in lucid intervals complained of intense frontal and vertical headache, with aching, griping pains in the bowels. His symptoms on examination were briefly: Temperature 104° F.; pulse hard and quick (120 per minute); tongue dry and deeply furred; breath fetid, and smelling strongly of sulphuretted hydrogen; pupils strongly contracted and insensible to light; skin bathed in a profuse clammy perspiration; abdomen tympanitic and very tender on slight pressure. He retched and vomited almost continuously, and was several times purged during the visit, both vomit and dejecta being composed mainly of slightly bloody mucus mixed with fine particles of sulphur. The urine he had passed (in dribbles) also contained blood. Hot fo-

mentations were applied to the abdomen, and a moderately large dose of castor oil was administered internally. The next day he was still purged, but most of the sulphur appeared to have been eliminated, so it was safe to treat the case as one of acute enteritis, and he was put under a course of opiates. He remained in bed for about a week, but otherwise made an uninterrupted recovery. The case appears interesting, since sulphur is not usually counted as a poison. The dose taken (two ounces) was very large, and the symptoms produced were certainly those of a strongly irritant poison.—*Therapeutic Gazette*.

DARWIN, "THOU REASONEST WELL."—

"I distinctly remember (and who dares doubt me?)  
Having been (now, I care not who believes!)  
An ape, with a forest around about me—  
Prodigious trees and enormous leaves.

"I shall never forget the exquisite feeling  
Of elevation, sans thought, sans care,  
When I twisted my tail round the wood's  
bough ceiling,  
And swung meditatively high in air.

"There's an advantage! Fairer shapes can  
Aspire, yearn upward, tremble and glow;  
But, by means of their posteriority, apes can  
Look down on aspirants who walk below!

"There was a life for a calm philosopher,  
Self-supplied with jacket and trowsers and  
socks,  
Nothing to learn, no hopes to get cross over,  
And a head that resisted the hardest knocks.

"Liquor and meat in serene fruition,  
A random income, from taxes free,  
No cares at all, and but one ambition—  
To swing by the tail to the bough of a tree!

"Whence I firmly believe, to the consternation  
Of puppies who think monkeyosophy sin,  
In gradual human degeneration  
And a general apely origin.

"Why, the simple truth's in a nutshell or thimble,  
Though it rouses the monkey in ignorant  
elves,  
That the Devil's tail is a delicate symbol  
Of apehood, predominant still, in ourselves.

"Pure class government, family glory,  
Were the delights of that happy lot;  
My politics were serenely Tory.  
And I claimed old descent from—Heaven  
knows what!

"When the bright sun beckons the spring, green-  
decked up.  
The ape swells within me, whenever I see  
Mortals look skyward, walking erect up,  
I long for a tail and a large strong tree."

—Robert Buchanan.



# ALBANY MEDICAL ANNALS.

PUBLISHED BY THE  
*ALBANY MEDICAL LIBRARY AND JOURNAL ASSOCIATION.*

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VOL. IX.—No. 12.

DECEMBER, 1888.

\$1.00 A YEAR.

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## OBITUARY.

### DR. ROBERT H. SABIN.

It has been well and truly said that men of medicine are united in various kinds of official association, but the busiest of them have very little time to make much of such forms of fellowship. The duties of their profession, if conscientiously and skillfully pursued in the love of truth and in the love of humanity, require also the constant study of it. Too often nothing but a memory and a sense of vacancy are left them when death stills the pulses of one of their number.

Dr. Robert H. Sabin, who for nearly thirty years had been a continuous resident of West Troy, N. Y., died from shock, at his home, on December 4, 1888, after a brief illness from diffuse peritonitis resulting from impaction of gall-stones and a ruptured gall-bladder.

Dr. Sabin was born at Saxton's River, Vt., in 1832, and, after preliminary studies, received his medical education at Dartmouth College, and the Albany Medical College, from which institution he graduated in 1856, locating soon after in Poes-tenkill, Rensselaer county, N. Y., where he practiced until 1859, when he removed to West Troy, where he remained uninterruptedly in the practice of his profession until his death. In 1860 he married Miss Margaret Andrews who, with one son, Dr. W. B. Sabin, now survives him.

In 1859, Dr. Sabin became a member of the Medical Society of the County of Albany, in 1866 its vice-president, and in 1867 succeeded to the presidency. At the organization of the State Medical Association in 1884 he was one of the founders.

Dr. Sabin was a prominent example of what might be justly called a "successful practitioner." Inheriting much of the vigor and ruggedness so characteristic of the sons of his native state, he entered his chosen profession with an evident determination that there should be no such thing as failure, if perseverance and indomitable energy were factors in success. No hour of the night was too unseasonable nor any stretch of country road too vast to deter his visitation. He was also endowed to a remarkable degree with that rare faculty which so many medical men covet, but which few possess, viz., an ability to combine the tender solicitude of the faithful nurse with the skill of the physician, without a corresponding loss of dignity by the rendition of menial service. He was, too, what we may professionally call a "good prescriber." While another might, in an emergency perhaps, or when acute suffering demanded prompt action, lay too much stress on the pathological requirements of the case, Dr. Sabin would promptly, and with a courage born of his

convictions, boldly prescribe and administer the proper remedy, with a personal assurance to the patient that the latter's needs had been fully met. Confidence was thus readily gained and hope established.

His was the end of a busy life. In many homes of poverty, and affluence as well, his coming, full of expectancy, and going, full of hope, is strongly indicative of the "family physician" of the "old school," whose existence, in these days of a plethoric profession, is rapidly, I regret to say, becoming a thing of the past.

My memorial to Dr. Sabin is not a series of stereotyped resolutions, often, as Charles Lamb has cynically said, "mortuary falsehoods."

In the words of one eminent in our profession, whose work has long since been done, "As a practitioner his biography must be left to the traditions of medicine, and to the memory of grateful patients."

A. T. VAN VRANKEN.

#### DR. BENJAMIN B. FREDENBURGH.

At the regular meeting of the Medical Society of the County of Albany, held November 14, 1888, the committee, consisting of Drs. S. H. Freeman, A. Vander Veer and E. Van Slyke, appointed at a previous meeting of the society to prepare a memorial of the late Dr. Fredenburgh, of Coeymans, made the following report:

Doctor Benjamin B. Fredenburgh was born in Ghent, Columbia County, N. Y., September 4, 1797.

After the completion of a thorough preliminary education, in the pursuit of which he was aided by a natural quickness of perception and a retentive memory, he entered upon the practice of medicine in the neighboring town of Coeymans, where he established himself in the confidence of the community, and became widely known as the "good physician and the poor man's friend."

He was elected a member of this society in 1830, and the same year was appointed a member of a committee to make a medical topography of Albany county. He occasionally contributed to the interest of the meetings of the society as he had opportunity to be present. Upon the completion of his half century of medical practice, in 1873, this society invited him, as its guest, to a banquet, which he greatly enlivened by his rare wit and by his literary culture and poetic taste. Although he was then the oldest member of this society, "his eye was not dim nor his natural force abated," and he continued for another decade in the practice of his chosen profession, after which time he retired from its active duties to the enjoyment and greater quietude of horticulture and domestic life.

Dr. Fredenburgh was always interested in the public welfare, though not personally ambitious for office. He was a man of sound judgment, of genial disposition, and of sterling integrity of character. He was a faithful representative of that highest type of manhood, a Christian gentleman.

He died August 28, 1888, in the ninety-second year of his age. S. H. FREEMAN.

#### BOOK NOTICES.

**BROWN'S MEDICAL DIAGNOSIS.** A Manual of Clinical Methods. By J. Graham Brown, M.D., Fellow of the Royal College of Physicians of Edinburgh. Second edition, illustrated. 285 pages, octavo, \$2.75. New York: E. B. Treat, publisher, 771 Broadway.

This work is the embodiment of the thorough and conscientious labors of Dr. Brown

of Edinburgh, who has won a just celebrity in his department of medicine. Its contents include: The General Aspect of a Patient; Alimentary System; Examination of the Abdomen; Hæmapoietic, Circulatory, Respiratory, Integumentary, Urinary, Reproductive, Nervous, and Locomotory Systems.

**HYSTERIA AND EPILEPSY**, including Epileptic Insomnia. By J. Leonard Corning, M.A., M.D., Consultant in Nervous Diseases to St. Francis Hospital, etc. 176 pages, 16mo. Physicians' Leisure Library Series. Detroit, Mich.: George S. Davis, publisher. Paper, 25 cents.

This is an amplification of a series of papers which appeared in the *New York Medical Journal* and *Gaillard's Journal*. A clear statement of modern views, very acceptable to students.

**THE LIFE INSURANCE EXAMINER.**—A Practical Treatise upon Medical Examinations for Life Insurance. By Charles F. Stillman, M.S., M.D. New York: The Spectator Company, 16 Dey Street.

The author presents a concise manual which will enable even the beginner in life insurance examinations to conduct an examination satisfactorily to the company by whom he is employed, to the applicant, and to himself.

**EATING FOR STRENGTH; OR, FOOD AND WORK.** By M. L. Holbrook, M.D. 236 duodecimo pages. New York: M. L. Holbrook & Co., publishers.

A popular book on food and diet in their relations to health and work, together with several hundred recipes for wholesome foods and drinks.

**TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.** Thirty-first annual session, Kansas City, April, 1888. 462 pages, 8vo, containing forty-one valuable essays. A. W. McAlester, president, Columbia, Mo.; L. J. Matthews, corresponding secretary, Carthage, Mo.

#### EXCHANGES, PAMPHLETS, ETC.

Physician's Visiting List, 1889, with illustrations, various tables, and much useful information. Prices from \$1.00 to \$3.00, according to size and style. P. Blakiston, Son & Co., medical publishers, 1012 Walnut street, Philadelphia.

"Vest Pocket Anatomist." By C. Henri Leonard, A.M., M.D., Prof. of Gynecology, etc., Detroit College of Medicine. Fourteenth edition, containing 193 illustrations. Cloth, 12mo, 304 pages; price \$1.00. Illustrated Medical Journal Co., publishers, Detroit, Mich.

728 is the record in numbers of the articles printed during 1888 in the *Archives of Gynecology* on the special subject of its title. It is the aim of the editors to publish all current thought in these departments of medical knowledge. The publishers, Leonard & Co., 141 Broadway, New York, do not send sample copies, but if you are not pleased with the first number it may be returned and the order erased. Subscriptions \$3.00 per annum. Payment is not asked till end of the year.

*The Scientific American* has long held the first rank among the leading publications regarding practical information about art, science, mechanics, chemistry, inventions and manufactures. No one who wishes to keep acquainted with the rapid advancement along these lines can dispense with it. Munn & Co., 361 Broadway, New York. Price, \$3.00 a year. Copies of the paper may be seen at this office, and subscriptions received.

"The Case of Emperor Frederick III." Full official report by the German physicians and by Sir Morell Mackenzie. The German report translated by Henry Schweig, M.D., New York. This is the only edition giving the unabridged reports, with all of the illustrations, of Sir Morell Mackenzie and of the German physicians. Cloth, \$1.25; paper, 75 cents. Address the publisher, Edgar S. Werner, 58 University Place, New York.

"The Treatment of Empyema: the Process of Repair. A Method of Subcutaneous Drainage and Irrigation." With illustrative cases. By G. J. Robertson, M.B., C.M., Surgeon to the Oldham Infirmary. Reprint from *The Medical Chronicle*, Manchester, Eng., for March, May, June and July, 1888.

"Hot Water in the Management of Eye Diseases. Some Suggestions." By Leartus Connor, A.M., M.D., Ophthalmic and Aural Surgeon to Harper Hospital and Detroit Free Children's Hospital, Detroit, and editor of *The American Lancel*.

"Heart and Blood Vessels in the Young." A. Jacobi, M.D., New York. *Brooklyn Medical Journal*.

"The Ischiatic Crutch." By A. B. Judson, M.D., New York. *Medical Record*.

"Exudative Conjunctivitis." By A. H. Hubbell, M.D., Buffalo, N. Y. *Transactions New York State Medical Association*, 1887.

"Treatment of Constipation." McKesson & Robbins, New York.



"The Neural and Psycho-Neural Factor in Gynæciæ Disease." C. H. Hugues, M.D., St. Louis. *Alienist and Neurologist*.

"Annual Report of the Commissioners of Pensions for 1888." Washington, D. C., Government Printing Office.

"Eczema; Its Treatment." By Albert E. Carrier, M.D., Detroit, Mich. Read before the Detroit Medical and Library Association.

"The Contagiousness of Phthisis." Lawrence F. Flick, M.D., Philadelphia. Transactions Medical Society State of Pennsylvania.

"Why Electrolytic Treatment of Stricture does not Succeed in all Hands." G. C. H. Meier, M.D., New York. *Internal, Jour. Surg. and Antisep.*

*Medical Chips.* 30 pages, monthly, \$1.00 a year. Medical Chips Association, 515 Pine street, Philadelphia.

"The President's Annual Address," by Robert Battey, M.D., Rome, Georgia. Reprint from Vol. XIII., Gynecological Transactions, 1888.

State Board of Health. Report of Willis G. Tucker, M.D., Ph.D., Analyst of Drugs. Extract from the eighth annual report.

"Diseases of the Nose and Pharynx, and their Treatment." W. Cheatham, M.D., Louisville, Ky. *Virginia Medical Monthly*.

The Introductory Address to the Eighth Lecture Course at the Albany College of Pharmacy, delivered October 1, 1888, by Willis G. Tucker, M.D., Ph.D., Professor of Chemistry. Published by the class.

"Trituration of Alkaloids." Edwin Pynchon, M.D., Chicago. • *Western Medical Reporter*.

"Subglottic Laryngeal Tumor." E. Fletcher Ingalls, M.D., Chicago. *The Medical News*.

"The Preferable Climate for Phthisis." By Charles Denison, A.M., M.D., Professor of Diseases of the Chest and of Climatology, Medical Department, University of Denver, Col.

"Two Cases of Gunshot Wound of the Abdomen, illustrating the use of Rectal Insufflation with Hydrogen as a Diagnostic Measure." By N. Senn, M.D., Ph.D., Milwaukee. • *The Medical News*.

"Inflation of the Stomach with Hydrogen in the Diagnosis of Perforations of this Organ." By N. Senn, M.D. *The Medical News*.

"Radical Cure of Varicocele, etc., Demonstrated by Time." Morris H. Henry, M.A., M.D., LL.D., New York. *Jour. Am. Med. Ass'n*.

"Below Sea-Level; Nature's Pneumatic Cabinet." "High Altitudes of Southern California." Walter Lindley, M.D., Los Angeles. *The Medical Record*, and *Southern California Practitioner*.

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## MEDICAL NEWS.

### MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

A special meeting of the Medical Society of the County of Albany was held in Alumni Hall, on Saturday, December 8, 1888, at 4 P. M., in respect to the memory of the late Robert H. Sabin, M.D.

There were present: Drs. Bartlett, Bendell, Cook, Curtis, J. D. Featherstonhaugh, Freeman, H. Hun, Mitchell, W. J. Nellis, Steenberg, Van Allen, Van Slyke, Van Vranken, S. B. Ward.

President D. H. Cook called the meeting to order, stated its purpose, and asked if the committee appointed at the last meeting, consisting of Drs. A. T. Van Vranken, J. D. Featherstonhaugh, J. H.

Mitchell, A. Vander Veer and H. Bendell, were ready to report.

President Cook asked Dr. Van Allen to act as secretary *pro tem*.

Dr. Van Vranken reported for the committee. He said that he was placed in a somewhat peculiar position, for, though a much younger man than the late Dr. Sabin, still it might be said that they were rival practitioners. He did not wish to be misunderstood in making such a remark, for this rivalry had never partaken of any unpleasantness, and he stood before the society this afternoon to speak of the memory of one whose death he sincerely regretted.

Dr. Sabin was a very practical physi-

cian; in evidence of this it might be advanced that he was a believer in post-mortem examinations; and, while not wishing to make an irrelevant remark upon so sad an occasion, still it might be said that the doctor finally received a dose of his own medicine, in that a post-mortem examination was made to ascertain the causes resulting in his death. Dr. Sabin died after a short illness; the immediate cause of death was shock resulting from peritonitis and rupture of the gall-bladder. The post-mortem revealed an enormously distended gall-bladder, the walls of which contained an ulcerative perforation. Within the bladder were impacted 155 small gall-stones. An unusual condition existed, viz., a secondary sac (probably a portion of the distended bladder) in the liver substance, and this sac contained a few gall-stones.

Dr. Van Vranken then read a memorial of Dr. Sabin. [See page 340.]

Dr. S. B. Ward moved the adoption of the memorial offered by Dr. Van Vranken, that it be spread on the records, and a copy sent to the family of Dr. Sabin. Carried.

Dr. S. H. Freeman said: We cannot fully realize the great loss this society is called to mourn in the recent unexpected death of our late valued associate and genial friend. It is hardly a fortnight since we exchanged kindly greetings here, and in the enjoyment of good health and unwonted spirits he took an active part in the discussions of the society. But we shall see his face and hear his voice no more. Kind words of eulogy have been fitly spoken, but he heeds them not. He has, we trust, already entered into the joy of his Lord. May we all be ready also, when our final summons shall come.

The meeting then adjourned.

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#### TO MEDICAL MICROSCOPISTS.

In behalf of The American Association for the Study and Cure of Inebriety the

sum of one hundred dollars is offered by Dr. L. D. Mason, vice-president of the society, for the best original essay on "The Pathological Lesions of Chronic Alcoholism Capable of Microscopic Demonstration."

The essay is to be accompanied by carefully prepared microscopic slides, which are to demonstrate clearly and satisfactorily the pathological conditions which the essay considers.

Conclusions resulting from experiments on animals will be admissible. Accurate drawings of micro-photographs of the slides are desired.

The essay, microscopic slides, drawings or micro-photographs are to be marked with a private motto or legend and sent to the Chairman of the Committee on or before October 1, 1890.

The object of the essay will be to demonstrate: *First*, Are there pathological lesions due to chronic alcoholism? *Secondly*, Are these lesions peculiar or not to chronic alcoholism?

The microscopic specimens should be accompanied by an authentic alcoholic history, and other complications, as syphilis, should be excluded.

The successful author will be promptly notified of his success, and asked to read and demonstrate his essay personally or by proxy, at a regular or special meeting of the Medical Microscopical Society of Brooklyn. The essay will then be published in the ensuing number of *The Journal of Inebriety* (T. D. Crothers, Hartford, Conn.) as the prize essay, and then returned to the author for further publication or such use as he may desire. The following gentlemen have consented to act as a committee: Chairman, W. H. Bates, M.D., F.R.M.S., Lond., Eng., president Medical Microscopical Society, Brooklyn, 175 Remsen street, Brooklyn, N.Y.; John E. Weeks, M.D., 43 West 18th street, New York.; Richard Lennox, M.D. 164 Montague street, Brooklyn, N. Y.

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